

Navajo County Community Health Assessment - Appendices

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Appendix A: Navajo County Community Health Assessment Detailed Data Tables

Profile of Navajo County/General Demographics

Total Population, Navajo County, 2010-17								
	2010	2011	2012	2013	2014	2015	2016	2017
Navajo Cty	107,695	107,518	107,268	107,077	107,613	107,543	108,322	108,956
Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml								

Annual Visits to State and National Parks in Navajo County, 2009-2017				
Year	Navajo National Monument	Petrified Forest National Park	Homolovi State Park	Fool Hollow Lake Recreation Area (State Park)
2009	77,901	631,613		
2008	74,143	543,714		
2010	90,696	664,725		
2011	87,388	614,054		
2012	58,219	664,857		
2013	54,168	644,648		
2014	65,778	836,799		
2015	71,370	793,225		
2016	65,705	643,274	22,559	98,342
2017	68,785	627,757	25,513	118,383
Source for national sites: US Department of the Interior, National Park Service, accessed May 2018. https://irma.nps.gov/Stats/SSRSReports/National%20Reports/Annual%20Visitation%20By%20Park%20(1979%20-%20Last%20Calendar%20Year) Source for state parks: Arizona State Parks, <i>Revenue and Attendance Monthly Report</i> compiled by: Arizona Hospitality Research and Resource Center, Northern Arizona University https://nau.edu/economic-policy-institute/wp-content/uploads/sites/20/StateParkSummarybyCounty2017.pdf				

Number of Residents by Gender, Navajo County, Arizona, US, 2016			
	Navajo County	Arizona	United States
Male	54,271	3,344,106	156,765,322
Female	53,938	3,384,471	161,792,840
	108,209	6,728,577	318,558,162
Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml			

Percent of Residents by Gender , Navajo County, Arizona, US, 2016

	Navajo County	Arizona	United States
Male	50%	50%	49%
Female	50%	50%	51%

Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Number of Residents by Race/Ethnicity, Navajo County, Arizona, US, 2016

	Navajo County	Arizona	United States
Total Population	108,209	6,728,577	318,558,162
American Indian/Alaska Native	46,709	266,191	2,084,326
White	45,369	3,777,876	197,362,672
Hispanic/Latino	11,957	2,054,849	55,199,107
Black/African American	728	270,045	39,098,319
Asian	659	199,520	16,425,317
Two or more races	2,564	140,287	7,203,494

Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Percent of Residents by Race/Ethnicity, Navajo County, Arizona, United States, 2016

	Navajo County	Arizona	United States
Total Population	100%	100%	100%
American Indian/Alaska Native	43%	4%	1%
White	42%	56%	62%
Hispanic/Latino	11%	31%	17%
Black/African American	1%	4%	12%
Asian	1%	3%	5%
Two or more races	2%	2%	2%

Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Number of Residents by Age, Navajo County, Arizona, United States, 2016

	Navajo County	Arizona	United States
Under 5 years	8,039	434,939	19,866,960
5 to 9 years	8,652	457,144	20,508,363
10 to 14 years	8,288	454,665	20,664,537

15 to 19 years	8,298	458,070	21,256,545
20-29 years	13,516	939,804	44,605,632
30-39 years	12,181	857,054	41,435,459
40-49 years	11,431	833,290	41,619,253
50-59 years	14,339	834,858	43,650,552
60-69 years	11,913	737,884	34,085,762
70 years and older	11,552	720,869	30,865,099
Total	108,209	6,728,577	318,558,162

Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Percent of Residents by Age, Navajo County, Arizona, United States, 2016			
	Navajo County	Arizona	United States
Under 5 years	7%	6%	6%
5 to 9 years	8%	7%	6%
10 to 14 years	8%	7%	6%
15 to 19 years	8%	7%	7%
20-29 years	12%	14%	14%
30-39 years	11%	13%	13%
40-49 years	11%	12%	13%
50-59 years	13%	12%	14%
60-69 years	11%	11%	11%
70 years and older	11%	11%	10%
Total	100%	100%	100%

Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Median Age, Navajo County, Arizona, US, 2016			
	Navajo County	Arizona	United States
Total	36	37	38
Males	35	36	36
Females	37	38	39

Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Age Dependency Ratios, Navajo County, Arizona, US, 2016			
	Navajo County	Arizona	United States

Under 18	30,207	1,619,618	73,612,438
65+	17,038	1,070,151	46,180,632
18-24	60,964	4,038,808	198,765,092
Total	108,209	6,728,577	318,558,162
Age dependency ratio	77.5	66.6	60.3
Old-age dependency ratio	27.9	26.5	23.2
Child dependency ratio	49.5	40.1	37.0
Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml			

Number of Residents by Age and Gender, Navajo County, Arizona, US, 2016			
	Navajo County	Arizona	United States
Under 5 years	8,039	434,939	19,866,960
5 to 9 years	8,652	457,144	20,508,363
10 to 14 years	8,288	454,665	20,664,537
15 to 19 years	8,298	458,070	21,256,545
20-29 years	13,516	939,804	44,605,632
30-39 years	12,181	857,054	41,435,459
40-49 years	11,431	833,290	41,619,253
50-59 years	14,339	834,858	43,650,552
60-69 years	11,913	737,884	34,085,762
70 years and older	11,552	720,869	30,865,099
Total	108,209	6,728,577	318,558,162
Age – MALE Only	Navajo County	Arizona	United States
Under 5 years	4,115	222,187	10,154,024
5 to 9 years	4,387	233,694	10,476,978
10 to 14 years	4,262	230,981	10,547,421
15 to 19 years	4,359	235,302	10,880,307
20-29 years	7,128	487,522	22,748,195
30-39 years	6,248	436,412	20,729,637
40-49 years	5,865	417,863	20,641,663
50-59 years	6,885	404,843	21,291,078
60-69 years	5,511	347,671	16,227,683
70 years and older	5,511	327,631	13,068,336
Total	54,271	3,344,106	156,765,322

Age - FEMALE Only	Navajo County	Arizona	United States
Under 5 years	3,924	212,752	9,712,936
5 to 9 years	4,265	223,450	10,031,385
10 to 14 years	4,026	223,684	10,117,116
15 to 19 years	3,939	222,768	10,376,238
20-29 years	6,388	452,282	21,857,437
30-39 years	5,933	420,642	20,705,822
40-49 years	5,566	415,427	20,977,590
50-59 years	7,454	430,015	22,359,474
60-69 years	6,402	390,213	17,858,079
70 years and older	6,041	393,238	17,796,763
Total	53,938	3,384,471	161,792,840
Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml			

Population Living on Navajo, Hopi, or White Mountain Apache Tribal Land (Regardless of State and County Boundaries), 2016-17	
Hopi Reservation and Off-Reservation Trust Land, AZ	8,782
White Mountain Apache Tribe	13,295
Navajo Nation Reservation and Off-Reservation Trust Land, AZ--NM--UT	174,692
Source for White Mountain Apache Tribe: Arizona Department of Health Services, Statistical Profile for Primary Care Area, 2017. https://azdhs.gov/documents/prevention/health-systems-development/data-reports-maps/primary-care/navajo/16.pdf	
Source for Hopi, Navajo: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml	

Estimated Population of Navajo Nation/Navajo County Overlap (Co-Residents of Navajo County and Navajo Nation), 2013			
		Navajo in combination (Residents who are Navajo or Navajo in combination with another race)	All races (Total Population)
Co-residents of Navajo Nation and Navajo County (Estimate)		21,839	24,367
Chapter	Agency		
Kayenta	Western Agency	5,307	6,211
Pinon	Central Agency	2,487	2,751

Shonto	Western Agency	1,866	2,124
Dilkon	Ft. Defiance Agency	1,960	2,110
Whippoorwill	Central Agency	1,439	1,489
Greasewood Springs	Ft. Defiance Agency	1,226	1,320
White Cone	Ft. Defiance Agency	1,210	1,284
Jeddito	Ft. Defiance Agency	961	1,180
Chilchinbeto	Western Agency	1,067	1,165
Hard Rock	Central Agency	1,046	1,161
Indian Wells	Ft. Defiance Agency	928	989
Teesto	Ft. Defiance Agency	844	930
Low Mountain	Ft. Defiance Agency	688	754
Forest Lake	Central Agency	432	471
Black Mesa	Central Agency	378	428

Communities included above are those that have the majority of land on Navajo County. Communities not included in count above because majority of land is on counties other than Navajo County: Steamboat, Tachee/Blue Gap, Dennehotso, Bird Springs, Tolani Lake, Inscription House, Olijato, Navajo Mountain. Source: Navajo Nation, Navajo Division of Health, Navajo Epidemiology Center, *Navajo Population Profile Report, 2010 US Census*, Dec 2013.

<http://www.nec.navajo-nsn.gov/Portals/0/Reports/NN2010PopulationProfile.pdf>

Quality of Life/Health of the Community

County Health Rankings – All Counties in Arizona, 2018

	Health Outcomes		Health Factors			
	Length of Life	Quality of Life	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
	Rank	Rank	Rank	Rank	Rank	Rank
Navajo County	12	15	14	12	12	8
Apache	15	14	15	15	15	13
Cochise	8	9	7	6	6	7
Coconino	9	10	5	4	3	4
Gila	13	13	11	11	11	6
Graham	6	8	13	8	10	1
Greenlee	7	1	9	5	1	2
La Paz	14	5	6	14	13	3
Maricopa	3	2	4	3	4	14
Mohave	11	11	12	10	9	9
Pima	5	4	2	1	7	10
Pinal	4	6	8	9	5	15
Santa Cruz	1	12	3	7	8	12
Yavapai	10	3	1	2	2	5
Yuma	2	7	10	13	14	11

County health rankings are determined by the Robert Wood Johnson Foundation using a variety of data from many sources. Examples of measures in each category are: *Quality of Life* - self-ratings of health, mental health, *Health Behaviors* - smoking, obesity, *Clinical Care* - ratio of physicians to residents, *Social and Economic Factors* - Unemployment, children in poverty, *Physical Environment* - air and water quality. For all complete list of measures, see link below.

Source: Robert Wood Johnson Foundation, 2018.

<http://www.countyhealthrankings.org/app/arizona/2018/rankings/navajo/county/outcomes/overall/snapshot>

County Health Rankings – Health Outcomes and Health Factors, Counties in Arizona, 2018

	Health Outcomes	Health Factors
	Rank	Rank
Maricopa	1	3
Greenlee	2	5
Yuma	3	13
Pima	4	4

Santa Cruz	5	7
Pinal	6	8
Yavapai	7	1
Graham	8	10
Cochise	9	6
Coconino	10	2
Mohave	11	11
La Paz	12	12
Gila	13	9
Navajo County	14	14
Apache	15	15
<p>County health rankings are determined by the Robert Wood Johnson Foundation using a variety of data from many sources. Health outcomes include premature death, poor physical/mental health, low birthweight and others. Health factors include measures such as substance abuse, clinical care, diet and exercise.</p> <p>Source: Robert Wood Johnson Foundation, 2018.</p> <p>http://www.countyhealthrankings.org/app/arizona/2018/rankings/navajo/county/outcomes/overall/snapshot</p>		

Self-Reported General Health Status, Navajo County Residents, 2011-16						
	2011	2012	2013	2014	2015	2016
Good, very good, or excellent	76%	78%	75%	82%	81%	75%
Fair or poor	24%	22%	25%	18%	19%	25%
<p>Source: Navajo County Public Health Services District, analysis of Behavioral Risk Factor Surveillance System dataset from Arizona Department of Health Services (ADHS). Unpublished data.</p>						

Self-Reported General Health Status, Navajo County, Arizona, US, 2011-16, 2015			
	Navajo County	Arizona	US
Good, very good, or excellent	77%	81%	84%
Fair or poor	23%	19%	16%
<p>Source: Navajo County Public Health Services District, analysis of Behavioral Risk Factor Surveillance System dataset from Arizona Department of Health Services (ADHS), 2011-16. Source for comparison data: ADHS, <i>Arizona Behavioral Risk Factor Surveillance System Annual Report, 2015</i>.</p> <p>Link: http://azdhs.gov/documents/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/annual-reports/brfss-annual-report-2015.pdf</p>			

Self-Reported Mental Health Status, Navajo County Residents, 2011-16						
	2011	2012	2013	2014	2015	2016
Average number of poor mental health days in past month	3.3	3.8	4.1	2.4	4.9	3.6

14 days or more of poor mental health days in past month	10%	12%	14%	7%	15%	12%
Question: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? Source: Navajo County Public Health Services District, analysis of Behavioral Risk Factor Surveillance System dataset from Arizona Department of Health Services (ADHS), 2011-16. http://azdhs.gov/documents/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/annual-reports/brfss-annual-report-2015.pdf						

Self-Reported Mental Health Status, Navajo County, Arizona, US, 2011-16, 2015			
	Navajo County	Arizona	US
14 days or more of poor mental health days in past month	10%	11%	11%
Question: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? Source: Navajo County Public Health Services District, analysis of Behavioral Risk Factor Surveillance System dataset from Arizona Department of Health Services (ADHS), 2011-16. Source for comparison data: ADHS, <i>Arizona Behavioral Risk Factor Surveillance System Annual Report</i> , 2015. Link: http://azdhs.gov/documents/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/annual-reports/brfss-annual-report-2015.pdf			

Stress Among Teens, Navajo County, Arizona, 2016		
	Navajo County	Arizona
8th Graders		
Felt that things were going your way (past month)	66%	67%
Felt that difficulties were piling up so high that you could not overcome them (past month)	49%	50%
10th Graders		
Felt that things were going your way (past month)	70%	67%
Felt that difficulties were piling up so high that you could not overcome them (past month)	59%	58%
12th Graders		
Felt that things were going your way (past month)	75%	69%
Felt that difficulties were piling up so high that you could not overcome them (past month)	57%	59%
Percent of students who selected “felt this sometimes,” “fairly often,” or “very often.” Source: Arizona Criminal Justice Commission, <i>Arizona Youth Survey 2016</i> http://www.azcjc.gov/sites/default/files/pubs/AYSReports/2016/2016_AYS_Navajo_County_Profile_Report.pdf		

Feeling About Future, 12th Graders, Navajo County, Arizona, 2016		
	Navajo County	Arizona
12th Graders		
It is important to me that I reach my goals	83%	86%
I am excited about my future	79%	81%
I expect good things to happen to me	72%	69%
I have trouble figuring out how to make goals happen	74%	67%
I make plans to achieve my goal	80%	79%
Percent of students who selected "some of the time," "most of the time," or "all of the time." Source: Arizona Criminal Justice Commission, <i>Arizona Youth Survey 2016</i> . http://www.azcjc.gov/sites/default/files/pubs/AYSReports/2016/2016_AYS_Navajo_County_Profile_Report.pdf		

Age-Adjusted Death Rates for Suicide, Average Age at Death, Median Age at Death, Navajo County and Arizona, 2016		
	Total per 100,000 residents	
	Navajo County	Arizona
Total, all causes	844.6	696.6
Suicide	32.0	17.7
Average Age at Death	68.1	72.9
Median Age at Death	72.0	76.0
Source: Arizona Department of Health Services, <i>Arizona Health Status and Vital Statistics 2016 Annual Report</i> . http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties		

Emergency Room Visits and Hospital Discharges for Mental Disorders by First Listed Diagnosis, 2016		
	Navajo County	Arizona
Emergency Department Visits		
Total, all visits	37,978	2,402,128
Mental disorders	2,037	84,537
Psychoses	1,544	54,750
Alcoholic psychoses	109	3,280
Drug psychoses	47	960
Schizophrenic disorders	25	890
Manic-depressive disorders	218	10,050
Neurotic disorders	1,698	70,763
Anxiety states	267	21,050

Depression	174	7,703
Drug dependence	46	3,630
Nondependent abuse of drugs	107	12,040
Alcohol dependence syndrome	179	3,390
Hospital Discharges (Inpatient)		
Total, all visits	10,170	626,677
Mental disorders	923	49,402
Psychoses	574	31,286
Alcoholic psychoses	79	3,210
Drug psychoses	13	590
Schizophrenic disorders	71	5,820
Manic-depressive disorders	413	27,543
Neurotic disorders	354	12,375
Anxiety states	15	580
Depression	269	14,884
Drug dependence	30	2,040
Nondependent abuse of drugs	6	180
Alcohol dependence syndrome	85	780
<p>* Cell suppressed due to non-zero count less than 6; Figures for Arizona may be rounded to the nearest 10 visits in order to protect confidentiality.</p> <p>Source: Arizona Department of Health Services, Bureau of Public Health Statistics, <i>Arizona Health Status and Vital Statistics 2016 Annual Report</i>.</p> <p>http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties</p>		

Health Behaviors

Diet and Exercise

Obesity, Diabetes, Diet, Exercise (Self-Reported), Navajo County Residents, 2011-16							
	2011	2012	2013	2014	2015	2016	Total (All Years)
Obese	28%	26%	27%	28%	35%	30%	29%
Overweight	33%	36%	36%	36%	32%	37%	35%
Obese or overweight	61%	62%	63%	64%	67%	67%	64%
Diabetes	13%	12%	14%	16%	20%	18%	15%
Consumed fruit/fruit juices at least one time per day in past month	-	-	53%	-	55%	-	54%
Consumed vegetables at least one time per day in the past month	-	-	76%	-	82%	-	78%
Any physical activity or exercise in the past month	77%	76%	62%	73%	63%	69%	72%
Met recommended guidelines for both aerobic and strengthening physical activities	-	-	18%	-	25%	-	21%
Met guidelines for aerobic activity only	-	-	33%	-	36%	-	34%
Met guidelines for strengthening activity only	-	-	9%	-	0%	-	6%
Did not meet either physical activity guideline	-	-	40%	-	39%	-	40%
<p>Obese and overweight are calculated from body mass index (BMI). BMI is calculated by dividing the respondent's self-reported weight in kilograms by the height in meters, squared. The diabetes question asks if the respondent has ever been diagnosed with diabetes. (Has a doctor, nurse, or other healthcare professional ever told you that you have diabetes?). The recommended amount of fruits and vegetables is three vegetables and two fruits per day. Data for fruit/vegetable consumption was collected only in 2013 and 2015.</p> <p>Source: Navajo County Public Health Services District, analysis of Behavioral Risk Factor Surveillance System dataset from Arizona Department of Health Services (ADHS).</p> <p>http://azdhs.gov/documents/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/annual-reports/brfss-annual-report-2015.pdf</p> <p>Physical activity guidelines:</p> <p>https://www.cdc.gov/cancer/dcpc/prevention/policies_practices/physical_activity/guidelines.htm</p>							

Obesity, Diabetes, Diet, Exercise (Self-Reported), Navajo County, Arizona, US, 2015, Age-Adjusted			
	Navajo County	Arizona	US
Obese	41%	28%	30%
Been told by health professional they have diabetes	21%	10%	10%
Eating recommended amounts of fruits and vegetables	5%	11%	9%

Met recommended guidelines for both aerobic and strengthening physical activities	23%	23%	23%
<p>Obese and overweight are calculated from body mass index (BMI). BMI is calculated by dividing the respondent's self-reported weight in kilograms by the height in meters, squared. The diabetes question asks if the respondent has ever been diagnosed with diabetes. (Has a doctor, nurse, or other healthcare professional ever told you that you have diabetes?). The recommended amount of fruits and vegetables is three vegetables and two fruits per day. Data for fruit/vegetable consumption was collected only in 2013 and 2015.</p> <p>Source: ADHS, <i>Arizona Behavioral Risk Factor Surveillance System Annual Report, 2015</i>. http://azdhs.gov/documents/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/annual-reports/brfss-annual-report-2015.pdf</p> <p>Physical activity guidelines: https://www.cdc.gov/cancer/dcpc/prevention/policies_practices/physical_activity/guidelines.htm</p>			

Substance Abuse – Alcohol & Drugs

Alcohol- and Drug-Induced Deaths, Navajo County, Arizona, 2016		
	Navajo County	Arizona
Alcohol-induced deaths	65.9	17.6
Drug-induced deaths	22.9	20.1
Opioid-induced deaths⁺⁺	6.2	11.1
Other drug induced deaths		9.0
<p>Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2016 Annual Report. http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties</p>		

Alcohol-Impaired Driving Deaths, Counties in Arizona, 2012-16			
	# of Alcohol-Impaired Driving Deaths	# of Driving Deaths	% Alcohol-Impaired
Navajo	45	176	26%
Apache	61	187	33%
Cochise	27	97	28%
Coconino	56	251	22%
Gila	28	111	25%
Graham	13	26	50%
Greenlee	4	14	29%
La Paz	8	79	10%

Maricopa	537	1,987	27%
Mohave	56	232	24%
Pima	159	496	32%
Pinal	83	281	30%
Santa Cruz	9	34	26%
Yavapai	45	210	21%
Yuma	34	115	30%

Source: National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS) as reported in Robert Wood Johnson Foundation, *County Health Rankings and Roadmaps*, 2018.
<http://www.countyhealthrankings.org/app/arizona/2018/measure/factors/134/datasource>

Substance Use (Self-Reported), Navajo County Residents, 2011-16						
	2011	2012	2013	2014	2015	2016
Current Smoking	11%	16%	15%	15%	10%	14%
Binge Drinking	8%	7%	9%	8%	7%	8%

Definitions: Binge drinking is when a person that has more than five drinks on at least one occasion in the past 30 days. Current smoker is a person who has smoked at least 100 cigarettes in their life and smoked some or all days in the past month.

Source: Navajo County Public Health Services District, analysis of Behavioral Risk Factor Surveillance System dataset from Arizona Department of Health Services (ADHS). Source for comparison data: ADHS, *Arizona Behavioral Risk Factor Surveillance System Annual Report, 2015*.
<http://azdhs.gov/documents/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/annual-reports/brfss-annual-report-2015.pdf>

Substance Use (Self-Reported), Navajo County, Arizona, US, 2015, Age-Adjusted			
	Navajo County	Arizona	US
Current Smoking	10%	14%	18%
Heavy Drinking	<1%	5%	6%
Binge Drinking	14%	14%	16%

Definitions: Current smoking is a person who has smoked at least 100 cigarettes in their life and smoked some or all days in the past month. Binge drinking is when a person that has more than five drinks on at least one occasion in the past 30 days. Heavy drinking is more than two drinks per day for men and more than one drink a day for women.

Source: Navajo County Public Health Services District, analysis of Behavioral Risk Factor Surveillance System dataset from Arizona Department of Health Services (ADHS). Source for comparison data: ADHS, *Arizona Behavioral Risk Factor Surveillance System Annual Report, 2015*.
Link: <http://azdhs.gov/documents/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/annual-reports/brfss-annual-report-2015.pdf>

Opioid Overdoses and Deaths, Navajo County, 2017

Opioid Incidents	100
Overdoses associated with opioids	97
Opioid-induced deaths	3
Source: Arizona Department of Health Services, Opioid Surveillance Program, 2018. Unpublished data. More information on opioid reports: https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/index.php	

Opioid Prescribing Rate per 100 Persons, Navajo County, AZ, 2010-16		
	Navajo County	Arizona
2010	81.8	88.5
2011	80.6	88.6
2012	76.1	85.3
2013	74.5	80.4
2014	74.7	79.7
2015	70.3	75.5
2016	67.5	70.2
Centers for Disease Control and Prevention, Opioid Prescribing Rates, 2013-2016. https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html		

Amount of Opioid Prescribed, Navajo County, 2010-16	
	Navajo County
49 MME or less	74%
50-89 MME	13%
90 MME or more	13%
The amount of opioid is expressed in MMEs, which are morphine milligram equivalents. This is a way to compare across various types and strengths. Source: Arizona Department of Health Services, Opioid Surveillance Program, 2018. https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/index.php	

Lifetime Substance Use Among Teens, Navajo County, AZ, 2016		
	Navajo County	Arizona
8th Graders		
E-Cigarettes	30%	22%
Cigarettes	24%	15%
Prescription tranquilizers	5%	5%
Prescription stimulants	3%	3%
Prescription opioids	9%	7%
Marijuana	25%	14%

Alcohol	37%	29%
10th Graders		
E-Cigarettes	30%	31%
Cigarettes	30%	22%
Prescription tranquilizers	7%	8%
Prescription stimulants	7%	8%
Prescription opioids	11%	11%
Marijuana	32%	29%
Alcohol	41%	46%
12th Graders		
E-Cigarettes	38%	37%
Cigarettes	42%	33%
Prescription tranquilizers	10%	10%
Prescription stimulants	8%	10%
Prescription opioids	14%	14%
Marijuana	42%	42%
Alcohol	50%	60%
Source: Arizona Criminal Justice Commission, <i>Arizona Youth Survey 2016</i> . http://www.azcjc.gov/sites/default/files/pubs/AYSReports/2016/2016_AYS_Navajo_County_Profile_Report.pdf		

Binge Use of Alcohol by Teens – Had Five or More Drinks in Last Two Weeks, Navajo County, AZ, 2016		
	Navajo County	Arizona
8th Graders	8.9%	6.9%
10th Graders	11.3%	13.1%
12 Graders	18.5%	21.6%
Source: Arizona Criminal Justice Commission, <i>Arizona Youth Survey 2016</i> . http://www.azcjc.gov/sites/default/files/pubs/AYSReports/2016/2016_AYS_Navajo_County_Profile_Report.pdf		

Sources of Alcohol – 12 th Graders, Navajo County, AZ, 2016		
	Navajo County	Arizona
Have not used alcohol in past 30 days	70%	65%
Have used alcohol in past 30 days	30%	35%
Where alcohol was obtained - Percent of those who have used alcohol in past 30 days		
Gave someone money to buy it	40%	34%
Party	33%	49%

Someone other than family/parent 21 +	27%	26%
Family member other than parent 21+	17%	17%
Home	13%	14%
Someone else under 21	13%	20%
Parent/guardian	10%	17%
Bought at store	13%	14%

Source: Arizona Criminal Justice Commission, *Arizona Youth Survey 2016*.

http://www.azcjc.gov/sites/default/files/pubs/AYSReports/2016/2016_AYS_Navajo_County_Profile_Report.pdf

Sources of Prescription Drugs Used to Get High – 12th Graders, Navajo County, AZ, 2016

	Navajo County	Arizona
Have not used prescription drugs to get high in past 30 days	88%	89%
Have used prescription drugs to get high in past 30 days	12%	11%

Where prescription drugs were obtained - Percent of those who have used prescription drugs to get high in past 30 days

Friend	43%	55%
Home	34%	17%
Family/relative	22%	17%
Party	19%	25%
Doctor/pharmacy	15%	18%
School	8%	14%
Outside the US	8%	13%
Internet	7%	9%
Other	22%	24%

Source: Arizona Criminal Justice Commission, *Arizona Youth Survey 2016*

http://www.azcjc.gov/sites/default/files/pubs/AYSReports/2016/2016_AYS_Navajo_County_Profile_Report.pdf

Sources of Marijuana – 12th Graders, Navajo County, AZ, 2016

	Navajo County	Arizona
Have not used marijuana in past 30 days	72%	72%
Have used marijuana in past 30 days	28%	28%

Where marijuana was obtained - Percent of those who have used marijuana in past 30 days

Friend	62%	70%
Family	13%	13%
Someone with a medical card	11%	20%
Party	9%	26%
Home	8%	7%
School	5%	10%
Various other locations	37%	26%

Source: Arizona Criminal Justice Commission, *Arizona Youth Survey 2016*

http://www.azcjc.gov/sites/default/files/pubs/AYSReports/2016/2016_AYS_Navajo_County_Profile_Report.pdf

Ease of Access to Substances and Guns - 12th Graders, Navajo County, AZ, 2016

	Navajo County	Arizona
Easy to get cigarettes	67%	69%
Easy to get a handgun	38%	28%
Easy to get other drugs	20%	28%
Easy to get marijuana	56%	64%
Easy to get alcohol	53%	66%

Percent of respondents who selected "Sort of easy" or "Very easy." Source: Arizona Criminal Justice Commission, *Arizona Youth Survey 2016*.

http://www.azcjc.gov/sites/default/files/pubs/AYSReports/2016/2016_AYS_Navajo_County_Profile_Report.pdf

Childhood Experiences, Navajo County, Arizona, Navajo County, AZ, 2016

	Navajo County	Arizona
8th Graders		
Ever lived with an alcoholic	27%	23%
Ever lived with a drug user	15%	14%
Ever lived with adults who fought each other	26%	22%
10th Graders		
Ever lived with an alcoholic	34%	25%
Ever lived with a drug user	18%	17%
Ever lived with adults who fought each other	31%	23%
12th Graders		
Ever lived with an alcoholic	32%	26%
Ever lived with a drug user	19%	19%
Ever lived with adults who fought each other	29%	23%

Source: Arizona Criminal Justice Commission, *Arizona Youth Survey 2016*.

http://www.azcjc.gov/sites/default/files/pubs/AYSReports/2016/2016_AYS_Navajo_County_Profile_Report.pdf

Impaired Driving Among Teens, Navajo County, AZ, 2016

AYS, 12th graders	Navajo County	Arizona
Drove while drinking alcohol	12%	12%
Drove while using prescription drugs (past 30 days)	9%	8%
Drove while using marijuana	22%	20%
Rode in car with someone who had been drinking	23%	21%

Source: Arizona Criminal Justice Commission, *Arizona Youth Survey 2016*

http://www.azcjc.gov/sites/default/files/pubs/AYSReports/2016/2016_AYS_Navajo_County_Profile_Report.pdf

Social and Economic Factors

Economic Situation

Unemployment Rate, Navajo County, AZ, US, 2005-2017			
	Navajo County	Arizona	US
April 2005	7.8	4.6	4.9
July 2005	9.2	5.0	5.2
October 2005	6.9	4.5	4.6
April 2006	7.1	4.1	4.5
July 2006	8.7	4.6	5.0
October 2006	6.5	3.9	4.1
April 2007	5.9	3.5	4.3
July 2007	7.1	4.0	4.9
October 2007	6.1	3.9	4.4
April 2008	7.8	4.7	4.8
July 2008	10.6	6.6	6.0
October 2008	11.6	7.2	6.1
April 2009	13.7	8.9	8.6
July 2009	15.7	10.6	9.7
October 2009	16.4	11.0	9.5
January 2010	16.1	11.1	10.6
April 2010	14.5	10.1	9.5
July 2010	15.1	10.8	9.7
October 2010	14.1	10.0	9.0
January 2011	15.7	10.0	9.8
April 2011	14.3	9.2	8.7
July 2011	16.0	10.4	9.3
October 2011	14.4	9.2	8.5
January 2012	15.3	8.8	8.8
April 2012	14.0	8.0	7.7
July 2012	15.2	9.2	8.6
October 2012	13.3	8.0	7.5
January 2013	14.5	8.2	8.5
April 2013	13.3	7.4	7.1
July 2013	14.4	8.3	7.7
October 2013	13.1	7.7	7.0
January 2014	12.9	7.2	7.0
April 2014	10.8	6.3	5.9

July 2014	11.8	7.3	6.5
October 2014	9.9	6.5	5.5
January 2015	11.2	6.5	6.1
April 2015	9.2	5.8	5.1
July 2015	10.4	6.5	5.6
October 2015	8.8	5.9	4.8
January 2016	9.7	5.6	5.3
April 2016	7.9	5.2	4.7
July 2016	8.9	5.7	5.1
October 2016	7.5	5.1	4.7
January 2017	8.5	5.1	5.1
April 2017	6.7	4.5	4.1
July 2017	7.9	5.5	4.6
October 2017	6.2	4.4	3.9
Source: University of Arizona, Eller College of Management, Forecast Report. https://forecast.eller.arizona.edu/indicators/arizona-counties			

Household Income and Poverty, Navajo County, Arizona, US, 2016			
	Navajo County	Arizona	United States
Less than \$10,000	15%	8%	7%
\$10,000 to \$14,999	8%	5%	5%
\$15,000 to \$24,999	13%	11%	10%
\$25,000 to \$34,999	12%	11%	10%
\$35,000 to \$49,999	14%	15%	13%
\$50,000 to \$74,999	18%	19%	18%
\$75,000 to \$99,999	9%	12%	12%
\$100,000 to \$149,999	7%	12%	14%
\$150,000 to \$199,999	2%	4%	5%
\$200,000 or more	1%	4%	6%
	Navajo County	Arizona	United States
Median Income	\$ 36,868	\$ 51,340	\$ 55,322
Percent of Population Living Below Poverty Level	30%	18%	15%
Percent of Population 65 Years and Older Living Below Poverty Level	15%	9%	9%
Percent of Children Under 18 Years Old Living Below Poverty Level	39%	25%	21%
Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates			

<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Employment Status (Among Population 16 years and over)

	Navajo County	Arizona	United States
In labor force	49%	60%	64%
In labor force - Armed Forces	>1%	>1%	>1%
In labor force - Civilian labor force	49%	59%	63%
Civilian labor force - Employed	40%	54%	58%
Civilian labor force - Unemployed	9%	5%	5%
Not in labor force	51%	41%	37%
Unemployment Rate	18%	8%	7%

“Not in labor force” includes all people 16 years old and over who are not classified as members of the labor force. This category consists mainly of students, housewives, retired workers, seasonal workers interviewed in an off season who were not looking for work, institutionalized people, and people doing only incidental unpaid family work (less than 15 hours during the reference week). Unemployment rate represents the number of unemployed people as a percentage of the civilian labor force.

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Visitor Spending in Navajo County (Destination Spending) – 1998 to 2016

Year	Expenditures (in millions)	Change from previous year
1998	\$186.00	N/A
1999	\$214.40	15.3%
2000	\$236.40	10.3%
2001	\$213.90	-9.5%
2002	\$220.20	2.9%
2003	\$215.50	-2.1%
2004	\$217.10	0.8%
2005	\$237.70	9.5%
2006	\$260.00	9.4%
2007	\$260.90	0.4%
2008	\$285.60	9.5%
2009	\$246.00	-13.9%
2010	\$254.40	3.4%
2011	\$263.80	3.7%
2012	\$278.50	5.6%
2013	\$280.80	0.9%
2014	\$283.00	0.8%
2015	\$282.70	-0.1%

2016	\$288.60	2.1%
Source: Arizona Office of Tourism, Research and Statistics http://www.deanrunyan.com/AZTravellImpacts/AZTravellImpacts.html		

Total Direct Travel Spending in Navajo County by Category, 2016		
	Spending (in millions)	Percent of total
Destination spending	\$289	94.5%
Other travel*	\$17	5.5%
Total	\$305	100%
Source: Arizona Office of Tourism, Research and Statistics. http://www.deanrunyan.com/AZTravellImpacts/AZTravellImpacts.html		

Social Support

New Marriages – Navajo County, AZ, 2006-2016				
	Number of Marriages		Rate per 1,000 Residents	
	Navajo County	Arizona	Navajo County	Arizona
2006	519	38,983	4.6	6.2
2007	517	39,495	4.5	6.1
2008	491	38,030	4.3	5.8
2009	523	35,338	4.5	5.4
2010	579	38,076	5.4	6.0
2011	464	36,713	4.3	5.7
2012	492	37,064	4.6	5.7
2013	492	35,791	4.5	5.4
2014	504	38,911	4.6	5.8
2015	617	40,439	5.6	6.0
2016	414	41,105	3.7	6.0
Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2016 Annual Report. https://pub.azdhs.gov/health-stats/menu/info/trend/index.php?pg=marriages				

Dissolutions of Marriage – Navajo County, AZ, 2006-2016				
	Number of Marriages Dissolved		Rate per 1,000 Residents	
	Navajo County	Arizona	Navajo County	Arizona
2006	309	24,274	2.7	3.9

2007	310	24,515	2.7	3.8
2008	315	24,106	2.7	3.7
2009	303	23,140	2.6	3.5
2010	163	22,479	1.5	3.5
2011	243	25,438	2.3	4.0
2012	245	28,072	2.3	4.3
2013	211	26,037	1.9	4.0
2014	250	26,199	2.3	3.9
2015	214	24,434	2.0	3.6
2016	217	23,442	2.0	3.4

Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2016 Annual Report.

<https://pub.azdhs.gov/health-stats/menu/info/trend/index.php?pg=divorces>

Mobility in Navajo County, Arizona – 2012 to 2016

Year	Total Population	Moved; within same county	Moved; from different county, same state	Moved; from different state	Moved; from abroad
2012	105,689		3.5%	1.9%	0.2%
2013	105,622	7.6%	4.0%	1.6%	0.2%
2014	105,847	7.7%	4.0%	1.9%	0.2%
2015	105,955	7.3%	4.3%	2.1%	0
2016	106,492	7.4%	4.5%	2.0%	0.3%

Source: Estimates of the Components of Resident Population Change: US Census Bureau, Population Division.

<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

Navajo County Population Change: 2012/2017 Comparison

Change from April 1, 2010	April 1, 2010 to July 1, 2012	April 1, 2010 to July 1, 2017
Total Population Change [1]	-355	1,467
Natural Increase	1,923	4,726
Vital Events - Births	3,815	11,615
Vital Events - Deaths	1,892	6,889
Net Migration - Total	-2,287	-3,243
Net Migration - International [2]	123	291
Net Migration - Domestic	-2,410	-3,534

One Year Population Change	July 1, 2011 to July 1, 2012	July 1, 2016 to July 1, 2017
Total Population Change¹	-80	634
Natural Increase	867	494
Vital Events - Births	1,717	1,523
Vital Events - Deaths	850	1,029
Net Migration - Total	-956	144
Net Migration – International²	55	59
Net Migration - Domestic	-1011	85

1. Total population change includes some individuals that cannot be attributed to any specific demographic component. <http://www.census.gov/popest/about/terms.html>

2. Net international migration (except for Puerto Rico) includes the international migration of both native and foreign-born populations.

Source: US Census Bureau, Population Division, *Estimates of the Components of Resident Population Change: April 1, 2010 to July 1, 2017*.

<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

Median Age of New Residents or Residents Who Moved within Navajo County, 2017

Navajo County, Arizona

Median age - Total	36.5
Median age - Same house 1 year ago	38.7
Median age - Moved within same county	26.5
Median age - Moved from different county within same state	32.2
Median age - Moved from different state	26.0
Median age - Moved from abroad	24.9

Source: US Census Bureau, Population Division, *Estimates of the Components of Resident Population Change: April 1, 2010 to July 1, 2017*.

<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

Single Parent and Married Parent Households, Navajo County, 2016

	Total number	% of all households	% of household with children under 18
All households	34,090	100%	-
Households without children of the householder under 18 years old	24,758	73%	-
Households with children of the householder under 18 years old	9,332	27%	100%

Married-couple family household	5,287	16%	57%
Male householder, no wife present	845	2%	9%
Female householder, no husband present	3,200	9%	34%

Education

Education (Number of Residents 25 and Older)			
	Navajo County	Arizona	United States
Total Population 25 years and over	66,138	4,361,627	210,091,977
Less than high school graduate	11,898	587,727	26,769,707
High school graduate (includes equivalency)	20,124	1,053,104	57,410,562
Some college, associate's degree	24,350	1,484,889	61,447,432
Bachelor's degree or higher	9,766	1,235,907	64,464,276
Source: U.S. Census, American Community Survey, 2016. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S1501&prodType=table			

Education (Percent of Population 25 and Older)			
	Navajo County	Arizona	United States
Less than high school graduate	18%	13%	13%
High school graduate (includes equivalency)	30%	24%	27%
Some college, associate degree	37%	34%	29%
Bachelor's degree or higher	15%	28%	31%
Source: U.S. Census, American Community Survey, 2016. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S1501&prodType=table			

Graduation Rates, Navajo County and Arizona, 2016		
	Navajo County	Arizona
College graduation rate	15%	27%
Percent with graduate or professional degree	6%	10%
High school graduation rate	81%	86%
Percent who did not finish 9th grade	8%	6%
Source: U.S. Census, American Community Survey, 2016. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S1501&prodType=table		

School Risk Factors (Composite Risk Score, 0=Low Risk, 10=High Risk)		
	Navajo County	Arizona
Risk of academic failure		
8th Graders	2.4	2.5
10th Graders	2.8	2.7
12th Graders	2.8	2.6
Source: Arizona Criminal Justice Commission, <i>Arizona Youth Survey 2016</i> .		
http://www.azcjc.gov/sites/default/files/pubs/AYSReports/2016/2016_AYS_Navajo_County_Profile_Report.pdf		

Public and Charter Schools in Navajo County		
Name	Type	City
BLUE RIDGE ELEMENTARY SCHOOL	Elementary	LAKESIDE
BONNIE BRENNAN SCHOOL	Elementary	WINSLOW
CAPPS ELEMENTARY SCHOOL	Elementary	HEBER
CRADLEBOARD SCHOOL	Elementary	WHITERIVER
HIGHLAND PRIMARY SCHOOL	Elementary	SNOWFLAKE
HULET ELEMENTARY SCHOOL	Elementary	HOLBROOK
INDIAN WELLS ELEMENTARY	Elementary	HOLBROOK
JEFFERSON ACADEMY OF ADVANCED LEARNING	Elementary	SHOW LOW
JEFFERSON ELEMENTARY SCHOOL	Elementary	WINSLOW
JOSEPH CITY ELEMENTARY SCHOOL	Elementary	JOSEPH CITY
KAYENTA ELEMENTARY SCHOOL	Elementary	KAYENTA
KAYENTA PRIMARY SCHOOL	Elementary	KAYENTA
LINDEN ELEMENTARY SCHOOL	Elementary	SHOW LOW
MOUNTAIN MEADOWS PRIMARY	Elementary	OVERGAARD
NIKOLAUS HOMESTEAD ELEMENTARY SCHOOL	Elementary	SHOW LOW
PARK ELEMENTARY SCHOOL	Elementary	HOLBROOK
PINEDALE ELEMENTARY SCHOOL	Elementary	SHOW LOW
PINON ELEMENTARY SCHOOL	Elementary	PINON
SEQUOIA VILLAGE SCHOOL	Elementary	SHOW LOW
SEVEN MILE SCHOOL	Elementary	WHITERIVER
TAYLOR ELEMENTARY SCHOOL	Elementary	SNOWFLAKE
WASHINGTON SCHOOL	Elementary	WINSLOW
WHIPPLE RANCH ELEMENTARY SCHOOL	Elementary	SHOW LOW
WHITERIVER ELEMENTARY	Elementary	WHITERIVER
BLUE RIDGE MIDDLE SCHOOL	Middle/Intermediate	LAKESIDE
BLUE RIDGE JR HIGH SCHOOL	Middle/Intermediate	LAKESIDE

CANYON DAY JUNIOR HIGH SCHOOL	Middle/Intermediate	WHITERIVER
JEDITO SCHOOL	Middle/Intermediate	KEAMS CANYON
JEFFERSON ACADEMY OF ADVANCED LEARNING	Middle/Intermediate	SHOW LOW
JOSEPH CITY JUNIOR HIGH SCHOOL	Middle/Intermediate	JOSEPH CITY
HOLBROOK JUNIOR HIGH SCHOOL	Middle/Intermediate	HOLBROOK
KAYENTA MIDDLE SCHOOL	Middle/Intermediate	KAYENTA
MOGOLLON JR HIGH SCHOOL	Middle/Intermediate	HEBER
PINON ACCELERATED MIDDLE SCHOOL	Middle/Intermediate	PINON
SHOW LOW JUNIOR HIGH SCHOOL	Middle/Intermediate	SHOW LOW
SNOWFLAKE INTERMEDIATE SCHOOL	Middle/Intermediate	SNOWFLAKE
SNOWFLAKE JUNIOR HIGH SCHOOL	Middle/Intermediate	SNOWFLAKE
TAYLOR INTERMEDIATE SCHOOL	Middle/Intermediate	SNOWFLAKE
WINSLOW JUNIOR HIGH SCHOOL	Middle/Intermediate	WINSLOW
ALCHESAY HIGH SCHOOL	High School	WHITERIVER
BLUE RIDGE HIGH SCHOOL	High School	LAKESIDE
DINE SOUTHWEST HIGH SCHOOL	High School	WINSLOW
HOLBROOK HIGH SCHOOL	High School	HOLBROOK
JEFFERSON ACADEMY OF ADVANCED LEARNING	High School	SHOW LOW
JOSEPH CITY HIGH SCHOOL	High School	JOSEPH CITY
MOGOLLON HIGH SCHOOL	High School	HEBER
MONUMENT VALLEY HIGH SCHOOL	High School	KAYENTA
NORTHERN AZ ACADEMY FOR CAREER DEVELOPMENT - TAYLOR	High School	TAYLOR
NORTHERN AZ ACADEMY FOR CAREER DEVELOPMENT - WINSLOW	High School	WINSLOW
PINON HIGH SCHOOL	High School	PINON
SHONTO PREPARATORY TECHNOLOGY HIGH SCHOOL	High School	SHONTO
SHOW LOW HIGH SCHOOL	High School	SHOW LOW
SNOWFLAKE HIGH SCHOOL	High School	SNOWFLAKE
WHITE CONE HIGH SCHOOL	High School	KEAMS CANYON
WINSLOW HIGH SCHOOL	High School	WINSLOW
Jefferson Academy has kindergarten through 12th grade, so is counted three times, once each in elementary, middle, and high school. Maricopa Association of Governments, MapLIT (Advancing Early Literacy Outcomes), County Summary for Navajo County, http://geo.azmag.gov/maps/readonaz/#		

Language

Language Spoken/English Proficiency						
	Percent of specified language speakers					
	Total	Percent	Speak English only or speak English "very well"	% English only or speak English "very well"	Speak English less than "very well"	% English less than "very well"
Population 5 years old and older	100,170	100%	90,324	90%	9,846	10%
Speak only English	62,794	63%	NA	NA	NA	NA
Speak a Language other than English	37,376	37%	27,530	74%	9,846	26%
Spanish	5,644	6%	4,056	72%	1,588	28%
Indo-European languages	946	1%	754	80%	192	20%
Asian/Pacific Island languages	558	1%	331	59%	227	41%
Other languages	30,228	30%	22,389	74%	7,839	26%
Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml						

Physical Environment and Neighborhood

Parks and Recreation/Walkability

Access to Exercise Opportunities, Arizona and Counties in Arizona, 2018	
Gila	95%
Maricopa	92%
Yavapai	88%
Pima	87%
Arizona (All Counties Combined)	86%
Coconino	83%
Yuma	79%
Pinal	76%
Mohave	65%
Santa Cruz	64%
Graham	58%
Cochise	58%
Navajo County	57%
Greenlee	53%
La Paz	28%
Apache	23%
<p>The percentage of individuals in a county who live reasonably close (within half mile of park or three miles of recreational facility in rural areas or in urban areas, within half mile of park or one mile of recreational facility) to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Parks include local, state, and national parks. Recreational facilities include YMCAs as well as businesses such as gyms, community centers, dance studios and pools. Source: Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files, as presented in Robert Wood Johnson Foundation <i>County Health Rankings and Roadmaps</i>, 2018.</p> <p>http://www.countyhealthrankings.org/app/arizona/2018/measure/factors/132/datasource</p>	

Climate

Average Temperature and Total Precipitation in the Eastern Plateau Planning Area from 1930-2002					
Station Name	Elevation (in feet)	Time period	Avg Temp	Avg Temp Min	Avg annual precipitation
Holbrook	5070	1971-2000	77.6/Jul	35.8/Jan	9.20
Kayenta	5710	1915-1978	75.7/Jul	29.3/Jan	5.69
Heber Ranger Station	6590	1971-2000	68.3/Jul	32.7/Jan	19.17
Keams Canyon	6210	1971-2000	72.6/Jul	30.5/Jan	10.16
Monument Valley	5560	1971-2000	79.1/Jul	31.2/Jan	4.09

Petrified Forest National Park	5450	1971-2000	76.0/Jul	34.9/Jan	10.44
Pinetop	6960	1980-1997	67.2/Jul	32.8/Jan	22.60
Show Low Airport	6410	1971-2000	73.2/Jul	35.1/Jan	18.13
Snowflake	5640	1971-2000	73.1/Jul	34.1/Jan	12.70
Snowflake 15 W	6080	1965-1998	72.6/Jul	32.3/Jan	12.52
Winslow Airport	4890	1971-2000	77.5/Jul	34.1/Dec	8.03
Source: Arizona Department of Water Resources, accessed May 2018, http://www.azwater.gov/AzDWR/StatewidePlanning/WaterAtlas/EasternPlateau/Climate/LittleColoradoRiver.htm					

Water and Air Quality

Air Quality/Particulate Matter (PM), Arizona Counties, 2014	
County	Ambient concentrations of PM 2.5, Micrograms per cubic meter
US Maximum	12
Yavapai	5.1
Mohave	5.1
Coconino	5.6
Navajo	5.7
Apache	5.7
Greenlee	5.7
La Paz	5.7
Gila	5.8
Graham	6.0
Cochise	7.5
Santa Cruz	7.6
Pima	7.9
Yuma	8.0
Maricopa	10.6
Pinal	11.7
Source: 2014, Centers for Disease Control and Prevention. Environmental Public Health Tracking Network. Annual PM 2.5 Level (Monitor + Modeled). Environmental Public Health Tracking Network: Accessed on 04/22/2018 www.cdc.gov/ephrtracking	

Presence of Water Violation, Arizona Counties, 2016	
	Presence of violation
Apache	Yes
Cochise	Yes

Coconino	Yes
Gila	Yes
Graham	No
Greenlee	No
La Paz	Yes
Maricopa	Yes
Mohave	Yes
Navajo	Yes
Pima	Yes
Pinal	Yes
Santa Cruz	Yes
Yavapai	Yes
Yuma	Yes
<p>Drinking Water Violations has only two values: “Yes” indicates that at least one community water system in the county received at least one health-based violation during 2016. A “No” indicates that there were no health-based drinking water violations in any community drinking water system in the county in 2016. A health-based drinking water violation is given to a community water system for going over a maximum containment level or maximum residual disinfectant level, or for not meeting correct treatment technique requirements, or if the public was failed to be educated on a violation. The Environmental Protection Agency (EPA) provides the community water system violation information in a combined database that is self-reported by states.</p> <p>Source: Safe Drinking Water Information System (SDWIS), Environmental Protection Agency, 2016. http://www.countyhealthrankings.org/app/arizona/2018/measure/factors/124/description?sort=sc-0</p>	

Housing and Homelessness

Severe Housing Problems, Navajo County, Arizona, 2010-14			
		Navajo County	Arizona
Percent of households that have at least 1 of 4 severe housing problems		26%	20%
Household has none of 4 severe housing problems		71%	79%
Information not available		2%	2%
Total households		100%	100%
Navajo County – Number of Households	Owner	Renter	Total
Household has at least 1 of 4 severe housing problems	5,715	3,205	8,920
Household has none of 4 Severe Housing problems	17,915	6,370	24,285
Information not available	460	355	815
Total	24,090	9,930	34,020
Arizona – Number of Households	Owner	Renter	Total

Household has at least 1 of 4 severe housing problems	207,965	257,880	465,845
Household has none of 4 severe housing problems	1,287,975	590,500	1,878,475
Information not available	17,355	25,575	42,930
Total	1,513,295	873,950	2,387,245
The four severe housing problems are: incomplete kitchen facilities; incomplete plumbing facilities; more than 1 person per room; and cost burden greater than 50%. Source: Office of Policy Development and Research, US Department of Housing and Urban Development, 2010-2014. https://www.huduser.gov/portal/datasets/cp.html			

Housing Characteristics, Navajo County, Arizona, US, 2016			
	Navajo County	Arizona	US
Total population	108,209	6,728,577	318,558,162
Total households	34,090	2,448,919	117,716,237
Total families	24,668	1,602,188	77,608,829
Total; Estimate; Average household size	3.1	2.69	2.64
Size of Living Unit			
1-unit structures	24,306	1,726,488	80,988,771
% of all structures	71%	71%	69%
2-or-more-unit structures	2,557	494,682	29,899,924
% of all structures	8%	20%	25%
Mobile homes and all other types of units	7,227	227,749	6,827,542
% of all structures	21%	9%	6%
Housing Tenure			
Owner-occupied housing units	23,795	1,533,023	74,867,527
Owner-occupied housing units - Percent of all households	70%	63%	64%
Renter-occupied housing units	10,295	915,896	42,848,710
Renter-occupied housing units - Percent of all households	30%	37%	36%
Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates, ACS Demographic and Housing Estimates (Table DP05). https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml			

Housing Issues – Navajo County, 2010-14			
	Owner	Renter	Total
Total Housing Units	24,090	9,930	34,020

Household Income <= 30% Median Income	3275	2465	5740
Household Income >30% to <=50% Median Income	2620	1610	4230
Household Income >50% to <=80% Median Income	3310	1620	4930
Household Income >80% to <=100% Median Income	2100	890	2990
Household Income >100% Median Income	12785	3350	16135
Housing Cost Burden³			
Cost Burden <=30%	18550	5990	24540
Cost Burden >30% to <=50%	2680	1570	4250
Cost Burden >50%	2105	1940	4045
Cost Burden not available	760	435	1195
Office of Policy Development and Research, US Department of Housing and Urban Development, 2010-2014. https://www.huduser.gov/portal/datasets/cp.html			

Income by Housing Problems (Owners and Renters)			
	Household has at least 1 of 4 housing problems	Household has no housing problems	Cost Burden not available
Household Income <= 30% Median Income	3935	990	815
Household Income >30% to <=50% Median Income	2635	1595	0
Household Income >50% to <=80% Median Income	2260	2665	0
Household Income >80% to <=100% Median Income	1165	1820	0
Household Income >100% Median Income	2595	13540	0
Total	12,595	20,610	815
Income by Cost Burden (Owners and Renters)			
	Cost burden > 30%	Cost burden > 50%	Total
Household Income <= 30% Median Income	2745	2185	5735
Household Income >30% to <=50% Median Income	1945	1080	4230
Household Income >50% to <=80% Median Income	1400	330	4930
Household Income >80% to <=100% Median Income	730	240	2985
Household Income >100% Median Income	1460	205	16135
Total	8,280	4,040	34,020

Median Income in this table is the Housing and Urban Development (HUD) area median family income (HAMFI). The four housing problems are: incomplete kitchen facilities; incomplete plumbing facilities more than one person per room; and cost burden greater than 30%. Cost burden is the ratio of housing costs to household income. For renters, housing cost is gross rent (contract rent plus utilities) For owners, housing cost is "select monthly owner costs" which includes mortgage payment; utilities; association fees; insurance; and real estate taxes. Further definitions of HUD terms at https://www.huduser.gov/portal/datasets/cp/CHAS/bg_chas.html

Source: Office of Policy Development and Research, US Department of Housing and Urban Development, 2010-2014.

<https://www.huduser.gov/portal/datasets/cp.html>

Homeless Persons – Number and Characteristics of Homeless Persons, 2017

	Families/ Groups	Individuals
Homeless in Navajo County – Total on June 2017	26	34
Unsheltered (stayed in abandoned building, behind building, vehicle, street, etc.)	23	34
Sheltered (stayed in hotel/motel, public shelter)	3	
Characteristics of unsheltered Individuals		
Children	3	5
Veterans		3
Survivors of domestic violence		4
American Indian/Native American		14
White		9
Male		18
Female		5
Location Stayed Previous Night		
Lakeside	2	
Pinetop	3	
Show Low	5	
Winslow	13	
Time been without a home		
90 days or less	9	
More than 90 days and less than 1 year	8	
One year or more	6	
Number of times homeless		

First time	9
2-9 times	7
10 or more	2
No answer	5
<p>Not all characteristics were collected for all individuals or families. The Point in Time survey is done once per year by the Arizona Department of Housing. Volunteer and agency staff recruit respondents at feeding programs and other gathering locations and ask them to participate in the survey. "Only persons who slept in a place not meant for human habitation, such as a car, on the street, in a riverbed, in the forest, or some similar location were counted." Not included in the unsheltered count were individuals who had spent the previous night in a shelter, a friend's home, or motel room, etc. In 2017, 631 surveys were collected among unsheltered individuals, and separately, 301 were collected among sheltered individuals across Arizona.</p> <p>Source: Arizona Department of Housing, <i>2017 Point in Time Report</i>, 2017. https://housing.az.gov/sites/default/files/documents/files/2017-PIT-BOSCOC-Narrative-Report-06-2017.pdf</p>	

Homeless Persons – Medical and Behavioral Health Issues, 2017		
	Families/ Groups	Individuals
	Number	Percent
Homeless in Navajo County, June 2017	26	34
Medical Conditions		
Multiple responses allowed		
Alcohol abuse	17	65%
Substance abuse	8	31%
Medical condition	2	8%
Physical/mental disability	3	12%
Chronic disease, illness	1	4%
Chronic physical Injury	3	12%
Behavioral Health Conditions		
Issues with substance abuse	21	81%
Serious mental illness	1	4%
Developmental disability	1	4%
Traumatic brain Injury	1	4%
Post-traumatic stress	1	4%
Using Health Services	11	42%

Source: Arizona Department of Housing, 2017 Point in Time Report

<https://housing.az.gov/sites/default/files/documents/files/2017-PIT-BOSCOC-Narrative-Report-06-2017.pdf>

The Point in Time survey is done once per year by the Arizona Department of Housing. Volunteer and agency staff recruit respondents at feeding programs and other gathering locations and asked to participate in the survey. “Only persons who slept in a place not meant for human habitation, such as a car, on the street, in a riverbed, in the forest, or some similar location were counted” as unsheltered. Not included in the unsheltered count were individuals who had spent the previous night in a shelter, a friend’s home, or motel room, etc. In 2017, 631 surveys were collected among unsheltered individuals, and separately, 301 were collected among sheltered individual across Arizona.

Safety and Crime

Crime Rate per 100,000 Population, Areas in Navajo County, Arizona, US, 2015

	Violent Crime	Property Crime
Holbrook	758.9	5,192.7
Pinetop-Lakeside	1,156.6	4,395.1
Snowflake-Taylor	285.6	1,427.8
Show Low	193.1	4,890.6
Winslow	709.8	2,891.4
Remainder of Navajo County outside of tribal areas	68.4	378.0
Arizona (2016)	470.1	2,978.4
United States (2016)	386.3	2,450.7

The FBI figures are made up of crime reports submitted by local police departments in the county. Therefore, rates are shown here by area. Crimes reported on tribal lands are not included. The rate for the “Remainder of Navajo County” is crimes reported to FBI that were not in one of the local areas shown above and not on tribal lands. The denominator is the total population of Navajo County, which is why the rate appears very low.

Source: Federal Bureau of Investigations, Crime in the US, FBI Uniform Crime Report. <https://ucr.fbi.gov/crime-in-the-u.s>

Number of Violent Crimes Known to Law Enforcement, Arizona Counties, 2016

County	Violent crime	Murder and non-negligent manslaughter	Rape ¹	Robbery	Aggravated assault
Metropolitan Counties					
Cochise	212	2	10	4	196
Coconino	99	3	15	4	77
Maricopa	1,146	22	100	110	914
Pima	652	18	77	172	385
Pinal	263	4	44	13	202

Yavapai	226	4	22	9	191
Yuma	131	6	20	6	99
Non-Metropolitan Counties					
Graham	5	0	1	0	4
Greenlee	0	0	0	0	0
La Paz	38	3	2	3	30
Navajo	73	6	8	4	55
<p>The Nonmetropolitan Counties classification encompasses jurisdictions covered by noncity agencies located outside currently designated metropolitan areas. It does not include crimes reported to the FBI that were not in one of the local areas shown above and not on tribal lands. The denominator is the total population of Navajo County, which is why the rate appears very low. Table includes number of offenses reported by sheriff's office or county police department and does not include offenses reported by cities (Holbrook, Show Low, etc.). The figures shown in this column for the offense of rape were reported using the revised Uniform Crime Reporting (UCR) definition of rape and may not be comparable to previous years. See website for further explanation.</p> <p>Source: Source: Federal Bureau of Investigations, Crime in the US, FBI Uniform Crime Report, https://ucr.fbi.gov/crime-in-the-u.s</p>					

Property Crimes Known to Law Enforcement, Arizona Counties, 2016					
County	Property crime	Burglary	Larceny-theft	Motor vehicle theft	Arson
Metropolitan Counties					
Cochise	606	89	458	59	0
Coconino	419	113	288	18	20
Maricopa	5,365	1,250	3,455	660	77
Pima	8,936	1,674	6,660	602	69
Pinal	1,640	442	987	211	10
Yavapai	1,028	280	653	95	12
Yuma	1,004	387	535	82	5
Non-Metropolitan Counties					
Graham	129	30	95	4	13
Greenlee	60	30	16	14	0
La Paz	407	155	222	30	0
Navajo	409	159	214	36	6
<p>See notes in table above.</p> <p>Source: Federal Bureau of Investigations, Crime in the US, FBI Uniform Crime Report, https://ucr.fbi.gov/crime-in-the-u.s</p>					

Number of Crimes, Navajo County Cities, 2000 and 2015

	Holbrook		Pinetop-Lakeside		Snowflake-Taylor		Show Low	Winslow
Year	2,010	2015	2,010	2015	2,010	2015	2015	2015
Population	4,926	5,007	4,382	4,323	9,563	9,805	10,878	9,580
Violent crime	62	38	56	50	47	28	21	68
Murder and non-negligent manslaughter	0	1	1	0	2	0	0	0
Rape	0	1	0	3	0	0	2	2
Robbery	1	2	7	2	0	0	2	3
Aggravated assault	61	34	48	45	45	28	17	63
Property crime	333	260	231	190	192	140	532	277
Burglary	68	48	65	19	66	42	50	33
Larceny-theft	250	192	164	166	110	93	469	232
Vehicle theft	15	20	2	5	16	5	13	12
Arson ¹	3	0	1	0	2	0	2	0
¹ The FBI does not publish arson data unless it receives data from either the agency or the state for all 12 months of the calendar year. See notes in tables above and at website link below for more details. Source: Federal Bureau of Investigations, Crime in the US, FBI Uniform Crime Report, https://ucr.fbi.gov/crime-in-the-u.s								

Crime Rate per 100,000 Population, Holbrook, Pinetop-Lakeside, 2010 and 2015						
City	Holbrook			Pinetop-Lakeside		
	2,010	2015	% Change	2,010	2015	% Change
Population	4,926	5,007		4,382	4,323	
Violent crime	1,258.6	758.9	-40%	1,278.0	1,156.6	-9%
Murder and non-negligent manslaughter	0.0	20.0	NA	22.8	0.0	-100%
Rape	0.0	20.0	NA	0.0	69.4	NA
Robbery	20.3	39.9	97%	159.7	46.3	-71%
Aggravated assault	1,238.3	679.0	-45%	1,095.4	1,040.9	-5%
Property crime	6,760.0	5,192.7	-23%	5,271.6	4,395.1	-17%
Burglary	1,380.4	958.7	-31%	1,483.3	439.5	-70%
Larceny-theft	5,075.1	3,834.6	-24%	3,742.6	3,839.9	3%
Motor vehicle theft	304.5	399.4	31%	45.6	115.7	153%
Arson¹	60.9	NA	NA	22.8	0.0	NA
¹ The FBI does not publish arson data unless it receives data from either the agency or the state for all 12 months of the calendar year. In 2015, the figures shown in this column for the offense of rape were reported using the revised Uniform Crime Reporting (UCR) definition of rape. See tables above and the website link						

below for further explanation. Source: Federal Bureau of Investigations, Crime in the US, *FBI Uniform Crime Report*, <https://ucr.fbi.gov/crime-in-the-u.s>

Crime Rates per 100,000 Population, Snowflake, Show Low, Winslow, 2010 and 2015

City	Snowflake-Taylor			Show Low	Winslow
	2,010	2015	% Change	2015	2015
Population	9,563	9,805		10,878	9,580
Violent crime	491.5	285.6	-42%	193.1	709.8
Murder and non-negligent manslaughter	20.9	0.0	-100%	0.0	0.0
Rape	0.0	0.0	NA	18.4	20.9
Robbery	0.0	0.0	NA	18.4	31.3
Aggravated assault	470.6	285.6	-39%	156.3	657.6
Property crime	2,007.7	1,427.8	-29%	4,890.6	2,891.4
Burglary	690.2	428.4	-38%	459.6	344.5
Larceny-theft	1,150.3	948.5	-18%	4,311.5	2,421.7
Motor vehicle theft	167.3	51.0	-70%	119.5	125.3
Arson¹	20.9	0.0	-100%	18.4	0.0

¹ The FBI does not publish arson data unless it receives data from either the agency or the state for all 12 months of the calendar year. In 2015, the figures shown in this column for the offense of rape were reported using the revised Uniform Crime Reporting (UCR) definition of rape. See tables above and the website link below for further explanation. Data for Show Low and Winslow were not available for 2010. Source: Federal Bureau of Investigations, Crime in the US, FBI Uniform Crime Report, 2016.

<https://ucr.fbi.gov/crime-in-the-u.s>

Number of Reports Received by Type, Navajo County, April 1 to September 30, 2017

	Emotional abuse	Neglect	Physical abuse	Sexual abuse	Total
Number of child abuse reports	1	286	77	15	379
Percent of all reports	<1%	75%	20%	4%	100%
Number of reports assigned for investigation	0	230	74	12	316
Percent of all reports assigned for investigation	0%	80%	96%	80%	83%

Source: Arizona Department of Child Safety, Child Welfare Reporting Requirements, September 2017

<https://dcs.az.gov/reports-data/dcs-reports>

School Safety Perceptions, Navajo County, Arizona, 2016

	Navajo County	Arizona
8th Graders		

I feel safe at school	73%	74%
I was threatened with a weapon at school (12 months)	12%	12%
I brought a weapon with me (past 30 days)	10%	6%
10th Graders		
I feel safe at school	77%	77%
I was threatened with a weapon at school (12 months)	12%	10%
I brought a weapon with me (past 30 days)	9%	7%
12th Graders		
I feel safe at school	70%	77%
I was threatened with a weapon at school (12 months)	11%	9%
I brought a weapon with me (past 30 days)	12%	8%
Source: Arizona Criminal Justice Commission, <i>Arizona Youth Survey 2016</i> . http://www.azcjc.gov/sites/default/files/pubs/AYSReports/2016/2016_AYS_Navajo_County_Profile_Report.pdf		

Bullying Among Teens, Navajo County, AZ, 2016		
	Navajo County	Arizona
8th Graders		
I was bullied	45%	42%
I bullied someone	35%	26%
I saw bullying but didn't intervene	50%	47%
10th Graders		
I was bullied	30%	31%
I bullied someone	17%	19%
I saw bullying but didn't intervene	37%	37%
12th Graders		
I was bullied	24%	23%
I bullied someone	14%	15%
I saw bullying but didn't intervene	28%	29%
Ever belonged to a gang	11%	7%
Thinks it's cool to belong to a gang	14%	13%
Source: Arizona Criminal Justice Commission, <i>Arizona Youth Survey 2016</i> http://www.azcjc.gov/sites/default/files/pubs/AYSReports/2016/2016_AYS_Navajo_County_Profile_Report.pdf		

Child Abuse Reports, Navajo County and Arizona, 2000-2017		
	Navajo County	Arizona
2000	297	32,348

2001	260	33,458
2002	223	34,327
2003	275	36,150
2004	594	39,176
2005	498	37,546
2006	595	34,537
2007	651	34,690
2008	570	35,121
2009	518	33,228
2010	525	34,178
2011	550	37,252
2012	619	42,091
2013	679	44,193
2014	805	48,041
2015	938	51,963
2016	836	49,324
2017	734	47,836
Reports appropriate for investigation for children 0-17. If more than one report is taken on an individual child, it is counted only once. A report for multiple children is also counted once. Source: Annie E. Casey Foundation, Kids Count https://datacenter.kidscount.org/data/tables/214-reports-of-child-abuse-and-neglect?loc=4&loct=5#detailed/5/198-212/false/871,870,573,869,36,868,867,133,38,35/any/642		

Child Abuse Report Rates, Navajo County and Arizona, 2006, 2016		
	Navajo County	Arizona
2000	860.2	2366.4
2006	1724.0	2122.9
2010	1642.0	2098.1
2016	2767.6	3045.4
Reports appropriate for investigation for children 0-17. If more than one report is taken on an individual child, it is counted only once. A report for multiple children is also counted once. Number shown is rate per 100,000 children under 18 in the total population. Source: Annie E. Casey Foundation, Kids Count. https://datacenter.kidscount.org/data/tables/214-reports-of-child-abuse-and-neglect?loc=4&loct=5#detailed/5/198-212/false/871,870,573,869,36,868,867,133,38,35/any/642		

Domestic Violence Programs – Navajo County							
	Total served	Adults	Children	Bed Nights	Average Length	Hours of	Hotline and

					of Stay (Days)	Support Services	I&R Calls
Total	448	213	235	14,181	32	28,011	836
Alice's Place, Inc.	56	27	29	2,725	49	653	313
Todhenasshai Committee Against Family Abuse	248	108	140	5,958	24	26,619	406
White Mountain Safe House	144	78	66	5,498	38	739	117
"I&R" is information and referral. Source: Arizona Department of Economic Security, Domestic Violence Services Fund Report, SFY 2017. https://des.az.gov/sites/default/files/media/DVSF_Report_2017.pdf							

Food Environment

Food Insecurity - Arizona Counties					
				Likely Income Eligibility for Federal Nutrition Assistance	
	Population	Food Insecurity Rate	Estimated number food insecure individuals	% below 185% poverty	% above 185% poverty
Arizona	6,828,065	16%	1,078,190	69%	31%
Apache	72,124	27%	19,180	93%	7%
Cochise	129,647	15%	19,460	71%	29%
Coconino	136,701	20%	27,220	71%	29%
Gila	53,165	19%	9,830	80%	20%
Graham	37,407	16%	5,910	73%	27%
Greenlee	9,023	13%	1,200	82%	18%
La Paz	20,335	16%	3,240	100%	0%
Maricopa	4,018,143	15%	604,200	71%	29%
Mohave	203,362	19%	38,760	78%	22%
Navajo	107,656	23%	24,730	89%	11%
Pima	998,537	15%	145,800	76%	24%
Pinal	389,772	15%	57,290	71%	29%
Santa Cruz	47,073	9%	4,040	100%	0%
Yavapai	215,996	17%	36,220	71%	29%
Yuma	202,987	18%	35,470	83%	17%
"Food insecurity" is defined by the USDA as a socioeconomic condition of limited or uncertain access to enough food to support a healthy life) and the factors that contribute to need in households across the country. Numbers reflect percentage of food insecure individuals living in households with incomes					

within the income bands indicated. Eligibility for federal nutrition programs is determined in part by these income thresholds which can vary by state. Source: Feeding America, Map the Meal Gap 2017, http://www.feedingamerica.org/research/map-the-meal-gap/2015/MMG_AllCounties_CDs_MMG_2015_1/AZ_AllCounties_CDs_MMG_2015.pdf Gundersen, C., A. Dewey, A. Crumbaugh, M. Kato & E. Engelhard. *Map the Meal Gap 2017: Food Insecurity and Child Food Insecurity Estimates at the County Level*. Feeding America, 2017. This research is generously supported by The Howard G. Buffett Foundation and Nielsen.

Access to Grocery Stores - Navajo County, 2010, 2015

	2010	2015	% change
Population, low access to store	35,575	41,411	16
Population, low access to store (%)	33	39	
Low income & low access to store	19,590	26,868	37
Low income & low access to store (%)	18	25	
Households, no car & low access to store, 2010	2,587	2,682	4
Households, no car & low access to store (%)	7	8	
SNAP households, low access to store, 2015		4,031	NA
SNAP households, low access to store (%), 2015		11	

Source: United States Department of Agriculture, Economic Research Service.

<https://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas/>

Food Stores - Navajo County, 2009-2015

Grocery stores/1,000 pop, 2009	0.17
Grocery stores/1,000 pop, 2014	0.13
Grocery stores/1,000 pop (% change), 2009-14	-23%
Convenience stores/1,000 pop, 2009	0.51
Convenience stores/1,000 pop, 2014	0.53
Convenience stores/1,000 pop (% change), 2009-14	3%
SNAP-authorized stores/1,000 pop, 2012	0.78
SNAP-authorized stores/1,000 pop, 2016	0.79
SNAP-authorized stores/1,000 pop (% change), 2012-16	0%
WIC-authorized stores/1,000 pop, 2008	0.23
WIC-authorized stores/1,000 pop, 2012	0.23
WIC-authorized stores/1,000 pop (% change), 2008-12	1%

Source: United States Department of Agriculture, Economic Research Service.

<https://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas/>

Restaurant Availability and Expenditures - Navajo County, 2009, 2014

	2009	2014	% Change 2009-14
Fast-food restaurants	55	54	-1.8
Fast-food restaurants/1,000 pop	0.51	0.50	-2.3
Full-service restaurants	77	78	1.3
Full-service restaurants/1,000 pop	0.72	0.72	0.8
Source: United States Department of Agriculture, Economic Research Service. https://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas/			

Clinical Care/Health Systems

Healthcare Availability

Indian Health Service Facilities In Arizona, 2018			
Facilities in Navajo County			
Cibecue Health Center	Cibecue	AZ	85911
Hopi Health Care Center (Keams Canyon)	Polacca	AZ	86042
Kayenta Health Center	Kayenta	AZ	86033
Pinon Health Center	Pinon	AZ	86510
Whiteriver Hospital	Whiteriver	AZ	85941
Winslow Indian Healthcare Center	Winslow	AZ	86047
Facilities in Arizona Outside of Navajo County			
Chinle Comprehensive Health Care Facility	Chinle	AZ	86503
Clarence Wesley Health Center	Bylas	AZ	85530
Dennehotso Health Station	Dennehotso	AZ	86535
Desert Visions Youth Wellness Center	Sacaton	AZ	85347
Four Corners Regional Health Center	Teec Nos Pos	AZ	86514
Inscription House Health Center	Tonalea	AZ	86044
Many Farms Dental Center	Many Farms	AZ	86538
Parker IHS Indian Hospital	Parker	AZ	85344
Peach Springs Indian Health Center	Peach Springs	AZ	86434
Phoenix Indian Medical Center	Phoenix	AZ	85016
Rock Point Health Station	Rock Point	AZ	N/A
Salt River Health Center	Scottsdale	AZ	85256
San Carlos Hospital	San Carlos	AZ	85550
San Simon Health Center	Sells	AZ	85634
San Xavier Dental Clinic	Tucson	AZ	85743
San Xavier Health Center	Tucson	AZ	85746
Santa Rosa Health Clinic	Santa Rosa	AZ	85634
Sells Hospital	Sells	AZ	85634
Sells Dental Clinic	Sells	AZ	85634
Supai Canyon Health Station	Supai	AZ	86435
Tsaile Health Center	Tsaile	AZ	86556
Window Rock Detention Center	Window Rock	AZ	86515
Source: Indian Health Service, www.ihs.gov/locations/			

Major Providers in Navajo County - Locations

	Summit Healthcare	ChangePoint Integrated Health	North County Healthcare	Little Colorado Medical Center	StatClinix Urgent Care
Holbrook	Clinic	Clinic	Clinic		
Lakeside	Clinic	Hospital			Clinic
Overgaard	Clinic				
Show Low	Clinic	Clinic	Clinic		Clinic
Snowflake	Hospital				
Taylor	Clinic				
Winslow		Clinic	Clinic	Hospital	
Source: Websites for each provider listed above.					

XX. Healthcare Resources (Assets) table will go here when completed

Healthcare Providers

Providers Registered with the Arizona Medical Board (Licensing Agency), 2018			
May not include all providers working at Indian Health Service Facilities, as they are not required to register with the Board.			
	Physician Assistants ¹	Medical Doctors	Total
Total - All Cities	25	97	122
Holbrook	1	1	2
Kayenta	0	1	1
Pine Top	1	1	2
Show Low	18	47	65
Snowflake	0	5	5
Whiteriver	1	16	17
Winslow	4	26	30
Total - All Cities	25	291	316
Indian Health Service provider	4	31	35
Other providers	21	66	87
¹ Physician Assistants (PAs) are medical professionals who diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient's principal healthcare provider. With thousands of hours of medical training, PAs are versatile and collaborative. Source: American Association of Physicians Assistants, https://www.aapa.org/ Source for data: Public Records Coordinator, Arizona Medical Board and Arizona Regulatory Board of Physicians Assistant. Unpublished data. Website: https://www.azmd.gov/			

Physician Specialties (MDs Only), 2018		
	Primary Interest	Secondary/ Tertiary Interest
Total Number of MDs	97	
Family Practice/Family Medicine	38	1
Emergency Medicine	10	1
Internal Medicine	7	1
Diagnostic Radiology (Radiology)	6	
General Surgery	5	
Psychiatry	5	
Orthopedic Surgery	3	
Urology	3	
Anesthesiology	2	
General Practice	2	1
Obstetrics & Gynecology	2	
Ophthalmology	2	
Pediatrics	2	2
Cardiovascular Disease (Internal Medicine)	1	
Gynecology	1	
Hematology/Oncology	1	
Hospice & Palliative Medicine (Family Medicine)	1	
Infectious Disease (Internal Medicine)	1	
Neurology	1	
Physical Medicine & Rehabilitation	1	
Plastic Surgery	1	
Pulmonary Disease (Internal Medicine)	1	
Radiation Oncology (Radiology)	1	
Medical Management		1
Public Health and General Preventive Medicine		1
Nutrition		1
Pediatric Infectious Disease		1
Critical Care Medicine (Internal Medicine)		1
Source: Public Records Coordinator, Arizona Medical Board and Arizona Regulatory Board of Physicians Assistant. Website: https://www.azmd.gov/		

Mental/Emotional Care

Individuals in Mental Healthcare, Navajo County Residents, by Facility, 2018		
Clients (Unduplicated)		
	Jan-March 2018	Projected 2018
Total	2,872	11,488
Holbrook	358	1,432
Show Low	1,589	6,356
Snowflake	476	1,904
Winslow	409	1,636
Facility not specified	40	160
Source: ChangePoint Integrated Health, unpublished data.		

Health Insurance

Health Insurance Coverage, Navajo County, Arizona, US, 2016			
	Navajo County	Arizona	United States
Among civilian noninstitutionalized population			
Total Population (civilian, not institutionalized)			
No health insurance coverage	17%	14%	12%
With health insurance coverage	83%	86%	88%
With private health insurance	41%	62%	67%
With public coverage	54%	37%	33%
Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Table CP03. https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml			

Prevention Practices – Vaccinations and Screenings

Childhood Immunization Coverage, 2016-17						
	Childcare/Preschool (18+ months of age)		Kindergarten		6th Grade	
County	Navajo County	Arizona	Navajo County	Arizona	Navajo County	Arizona
# enrolled	1,203	85,282	1,404	83,627	1,315	87,699
4+ DTaP	90.9%	93.2%	91.0%	93.9%	96.7%	96.9%
3+ Polio	92.2%	94.7%	91.5%	94.4%	95.8%	97.0%
1+MMR	91.8%	95.3%				
2+ MMR			90.6%	94.0%	96.3%	97.0%

3+ Hib	96.4%	94.8%				
2 Hep A**	72.7%	82.4%				
3+ Hep B	96.8%	94.1%	94.2%	95.3%	96.3%	97.2%
1+ Varicella or history	97.3%	95.4%	95.4%	96.7%	96.5%	97.8%
1 Tdap					90.2%	91.4%
1MV/MCV					83.7%	89.6%
Religious exempt	3.2%	3.9%				
Personal exempt			5.2%	4.9%	6.4%	5.1%
Medical exempt	0.3%	50.0%	0.1%	0.3%	0.3%	0.5%
Exempt from all required vaccines	2.7%	2.4%	3.3%	2.4%	1.6%	1.6%
Source: 2017 Immunization Data Report, Arizona Immunization Program, Arizona Department of Health Services. https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage						

Measles Protection, 2016-17 School Year, Pre-School, Kindergarten, 6 th Grade						
	Childcare/Preschool		Kindergarten		6th Grade	
	Navajo	Arizona	Navajo	Arizona	Navajo	Arizona
Total number of schools	31	1,785	24	1,371	19	1,164
# of schools with 95% MMR coverage rate	20	1,285	10	798	14	921
% of schools with community immunity	65%	72%	42%	58%	74%	79%
Measured by number and percentage of schools which have at least 95% of students that are up-to-date with MMR vaccine, as reported through the 2016-17 Immunization Data Report. 2017 Immunization Data Report, Arizona Immunization Program, Arizona Department of Health Services. https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage						

Kindergarten Immunization Coverage for Measles, Mumps, Rubella (MMR) Vaccine, 2016-17							
School Year	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Navajo County	94	94%	93%	93%	94%	94%	91%
Arizona	NA	NA	NA	94%	94%	94%	94%
2017 Immunization Data Report, Arizona Immunization Program, Arizona Department of Health Services. https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage							

Personal Exemption from Vaccines (Kindergarten), 2016-17	

School Year	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Navajo County	3.5	3.1%	7.9%	7.9%	4.5%	4.3%	5.2%
Arizona	NA	NA	NA	4.7%	4.6%	4.5%	4.9%
2017 Immunization Data Report, Arizona Immunization Program, Arizona Department of Health Services. https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage							

Clinical Screening, Adults, Summit Healthcare, 2017	
Total patient visits	39,832
Risk Behaviors	
Alcohol misuse screening and counseling	0
Obesity screening and counseling	927
Female	558
Male	369
Heart and Blood Health	
Cholesterol screening	736
Under 40 years old	46
40-64	367
65+	323
Blood pressure screening	8
Anemia screening	375
Female	205
Male	170
Abdominal aortic aneurysm one-time screening	53
Women's Health	
Well-woman visits	1,188
65 and older	105
Breastfeeding support and counseling	17
Osteoporosis screening	
Females	310
Males	7
Cancer	
Cervical cancer screenings	467
Mammography screenings	1,899
Breast cancer genetic test counseling	1
Lung cancer screening	9
Female	4

Male	5
Under 40 years old	0
40-64	2
65+	8
Sexually Transmitted Infections (STIs)	
Human papillomavirus virus (HPV) tests	0
Syphilis screenings	290
Female	265
Male	25
Summit Healthcare, unpublished data.	

Clinical Screening, Children and Teens, Summit Healthcare, 2017	
Total patient visits (all ages)	39,832
Autism screening	15
Child well visit, including behavior observations	
0-11 months	320
1-4 years	1,489
5-10 years	1,141
11-14 years	815
15-17 years old	431
Cervical dysplasia screening (females under 18)	0
Fluoride chemoprevention supplements	0
Hemocrit or hemoglobin screening (screening for diseases of blood and blood-forming organs)	4
HIV screening	1
Hypothyroidism screening	18
Vaccine visits (may include multiple vaccines)	1,463
1 year old and younger	338
2-4 years old	346
5-6 years old	197
7-11 years old	224
12-17 years old	358
Contact with and (suspected) exposure to lead	211
Obesity screening and counseling	13
Tuberculin testing	8
Vision screening	4
Summit Healthcare, unpublished data.	

Selected Diagnoses, North Country Healthcare Facilities , 2013-17

	2013		2014		2015		2016		2017	
	Visits	Pa-tients	Visits	Pa-tients	Visits	Pa-tients	Visits	Pa-tients	Visits	Pa-tients
Selected Infectious and parasitic diseases										
Symptomatic / Asymptomatic HIV	66	23	55	26	37	20	88	37	87	39
Tuberculosis	1	1	4	4	6	3	4	2	1	1
Sexually transmitted infections	23	22	13	11	22	19	46	31	30	26
Hepatitis B	5	4	0	0	0	0	4	3	2	2
Hepatitis C	264	71	222	108	280	119	211	100	112	60
Selected Diseases of the Respiratory System										
Asthma	510	382	495	367	491	363	621	434	451	323
Chronic obstructive pulmonary diseases	416	332	353	290	379	295	642	365	535	303
Other Selected Medical Conditions										
Abnormal breast findings, female	40	29	54	45	36	30	27	24	24	18
Abnormal cervical findings	26	21	19	18	10	10	7	5	3	3
Diabetes mellitus	1,892	722	1,862	744	1,750	732	1,726	722	1,631	663
Heart disease (selected)	418	224	481	271	431	259	439	274	452	231
Hypertension	3,064	1,467	2,927	1,478	2,851	1,436	3,055	1,508	2,778	1,348
Contact dermatitis and other eczema	235	198	201	167	224	193	254	205	132	115
Dehydration	64	61	48	45	54	52	64	60	40	39
Exposure to heat or cold	8	8	2	2	0	0	0	0	1	1
Overweight and obesity	425	304	468	311	584	416	1,288	935	1,052	782
Selected Childhood Conditions (Ages 0-17) ages 0 thru 17)										
Otitis media and eustachian tube disorders	314	227	270	199	352	254	260	195	233	174
Selected perinatal medical conditions	28	18	33	17	24	14	19	17	21	12
Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Nutritional deficiencies in children only. Does not Include Sexual or Mental Development.	26	17	15	14	25	16	106	42	100	32
Selected Mental Health and Substance Abuse Conditions										
Alcohol related disorders	99	57	95	64	110	82	128	89	104	69

Other substance related disorders (excluding tobacco use disorders)	26	20	45	31	49	41	128	92	60	50
Tobacco use disorder	238	192	283	226	238	200	364	261	436	307
Depression and other mood disorders	723	482	870	547	888	548	955	539	672	396
Anxiety disorders including PTSD	569	357	716	446	993	537	1,360	661	1,203	586
Attention deficit and disruptive behavior disorders	103	71	104	61	126	72	261	147	201	89
Other mental disorders, excluding drug or alcohol dependence (includes mental retardation)	318	250	316	243	358	265	506	302	316	205
Facilities included: Holbrook Clinic, Holbrook Telehealth, Show Low Clinic, Show Low Integration Clinic, Show Low Telehealth, Winslow Behavioral Health, Winslow Clinic, Winslow Clinic OB/GYN, Winslow Dental, Winslow Telehealth. Source: North Country Healthcare, unpublished data.										

Selected Services Delivered, North Country Healthcare Facilities, 2013-17

	2013		2014		2015		2016		2017	
	Visits	Pa-tients	Visits	Pa-tients	Visits	Pa-tients	Visits	Pa-tients	Visits	Pa-tients
Selected Diagnostic Tests/Screening/Preventive Services										
Mammogram	111	106	105	104	129	129	93	92	142	140
Pap test	297	292	237	233	230	225	205	197	187	187
Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diptheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	937	705	832	656	821	645	952	816	934	792
Seasonal Flu vaccine	870	799	1,050	984	965	922	980	920	1,008	939
Contraceptive management	323	235	214	161	211	178	225	168	213	173
Health supervision of infant or child (ages 0 through 11)	1,108	794	1,017	746	775	575	781	567	781	560
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	0	0	0	0	0	0	0	0	0	0

Comprehensive and intermediate eye exams	0	0	0	0	0	0	0	0	0	0
Selected Dental Services										
Oral Exams	439	379	524	443	0	0	244	222	529	461
Prophylaxis - adult or child	221	184	220	197	0	0	133	133	259	218
Sealants	20	18	27	26	0	0	18	16	39	35
Fluoride treatment - adult or child	139	114	134	123	0	0	69	69	125	109
Restorative Services	158	108	111	81	0	0	142	83	127	83
Oral Surgery (extractions and other surgical procedures)	140	124	149	130	0	0	107	88	175	138
Rehabilitative services (Endo, Perio, Prostho, Ortho)	18	17	30	26	0	0	64	44	46	36
Facilities Selected: Holbrook Clinic, Holbrook Telehealth, Show Low Clinic, Show Low Integration Clinic, Show Low Telehealth, Winslow Behavioral Health, Winslow Clinic, Winslow Clinic OB/GYN, Winslow Dental, Winslow Telehealth. Source: North Country Healthcare, unpublished data.										

Health Disparities I: Hopi

All data in the “Health Disparities I: Hopi” section of this report are from a report entitled, *2016 Hopi Health Summit, Sumitunatyat akw lomaqatsit pasiwnayani* (“Empowering and creating a pathway of wellness through common and shared goals.”). The summit report was provided by Hopi Tribe and Indian Health Service.

Health Disparities II: Navajo Nation

Living Conditions and General Health

Living Conditions, Navajo Nation (Chinle Agency), Arizona, US, 2013	
Have electricity	94%
Have running water	73%
Have own vehicle	65%
Source: Navajo Epidemiology Center, Navajo Department of Health, 2013 Navajo Nation Health Survey, Chinle Agency Results. Link: http://www.nec.navajo-nsn.gov/Portals/0/Reports/NNHS%20Phase%201%20Highlights.pdf	

Self-Rating of General Health, Navajo Nation (Chinle Agency), Arizona, US, Navajo County, Age-adjusted	
Navajo Nation (Chinle Agency), 2013	67%
Arizona, 2015	81%
US, 2015	84%
Navajo County, 2015	81%
Source for Navajo Nation figure: Navajo Epidemiology Center, Navajo Department of Health, 2013 Navajo Nation Health Survey, Chinle Agency Results. http://www.nec.navajo-nsn.gov/Portals/0/Reports/NNHS%20Phase%201%20Highlights.pdf Source for comparison data: Arizona Department of Health Services (ADHS), <i>Arizona Behavioral Risk Factor Surveillance System Annual Report, 2015</i> . Link: http://azdhs.gov/documents/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/annual-reports/brfss-annual-report-2015.pdf	

Healthcare Practices, Navajo Nation (Chinle Agency), 2013	
% Answering "Yes"	
Self-rating of personal health	67%
Good, Very Good or Excellent	
Fair or Poor	33%
Do you have one person you think of as your personal doctor?	30%
Have you visited a doctor for a routine checkup in the past 12 months?	63%
Do you use traditional native healers or traditional native medicine?	68%
Visited dentist in past year	62%
Had test for high blood sugar or diabetes within past 3 years	63%

Past 12 months seeking healthcare, do you feel your experiences were worse than, the same as, or better than people of other races?	
The same as other races	72%
Better than other races	10%
Worse than other races	8%
Was there a time in the past 12 months when you needed to see a doctor but could not because of some reason?	27%
Those who did not see a doctor because of a reason (top 6 reasons)	100%
Could not get a ride to the clinic	35%
Could not get an appointment	9%
Did not have enough money for gas	8%
Could not get time off from work	7%
Road conditions bad	7%
Had to take care of others at home (children, elderly, livestock)	6%
Navajo Epidemiology Center, Navajo Department of Health, 2013 Navajo Nation Health Survey, Chinle Agency Results. Link: http://www.nec.navajo-nsn.gov/Portals/0/Reports/NNHS%20Phase%201%20Highlights.pdf	

Health Conditions, Navajo Nation (Chinle Agency), Arizona, US, 2013			
% Answering "Yes"	Navajo Nation (Chinle)	Arizona	US
Women aged 50+ who had mammogram in past 2 years	73%		
Women aged 18+ who have had pap test in past 3 years	69%		
Limited in any way because of physical mental or emotional problems	23%	20%	20%
Has a doctor, nurse or other health professional ever told you that you have...			
High blood pressure	27%	31%	31%
Diabetes	17%	11%	10%
Arthritis	17%	24%	25%
Depression	14%	18%	19%
Asthma	14%	15%	14%
COPD (Chronic Obstructive Pulmonary Disease)	4%	7%	6%
Skin cancer	1%	8%	6%
Other cancer	5%	6%	7%
Had one or more teeth removed because of tooth decay or gum disease	53%		

Source: Navajo Epidemiology Center, Navajo Department of Health, 2013 Navajo Nation Health Survey, Chinle Agency Results. Figures used for comparisons have been age-adjusted. Link: <http://www.nec.navajo-nsn.gov/Portals/0/Reports/NNHS%20Phase%201%20Highlights.pdf>

Risk Factors/Health Behaviors

Mental Health and Substance Use, Navajo Nation (Chinle Agency), Arizona, US, 2013

	Navajo Nation (Chinle)	Arizona	US
Always wear seat belt	83%	NA	85%
Smoke cigarettes some days or every day	9%	16%	19%
Use chewing tobacco some days or every day	18%	3%	4%
At least one drink of alcohol in past 30 days	14%	52%	54%
Binge drank in past 30 days	8%	13%	17%
Driven at least once after having too much to drink	3%		
Passenger in car when driver had too much to drink	17%		
Marijuana use in past 30 days	30%		
In past 30 days felt... (Percent who felt issue all or most of the time)			
Everything was an effort	48%		
Restless or fidgety	13%		
Nervous	6%		
Depressed	5%		
Hopeless	4%		
Worthless	2%		
How often in the past 12 months would you say you were worried or stressed about having enough money to...? (Percent who were always, usually, or sometimes worried or stressed about item)			
Pay rent/mortgage	40%		
Pay your bills	62%		
Buy nutritious meals	49%		

Source: Navajo Epidemiology Center, Navajo Department of Health, 2013 Navajo Nation Health Survey, Chinle Agency Results. Figures used for comparisons have been age-adjusted. Link: <http://www.nec.navajo-nsn.gov/Portals/0/Reports/NNHS%20Phase%201%20Highlights.pdf>

Diet and Exercise Behaviors, Navajo Nation (Chinle Agency), Arizona, US, 2013

% Answering "Yes"	Navajo Nation (Chinle)	Arizona	US
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Weight Classification (by Body Mass Index)			
Underweight or normal weight	23%	38%	35%
Overweight	29%	35%	35%
Obese	48%	27%	29%
Past month, any phys activities or exercises	80%	75%	75%
Using physical activity or exercise to lose weight or keep from gaining weight	86%		
At least 5 fruits and vegetables per day, age adjusted	29%	NA	23%
1+ fruit	63%	61%	61%
1+veg per?	79%	76%	77%
Source: Navajo Epidemiology Center, Navajo Department of Health, 2013 Navajo Nation Health Survey, Chinle Agency Results. Figures used for comparisons have been age-adjusted. Link: http://www.nec.navajo-nsn.gov/Portals/0/Reports/NNHS%20Phase%201%20Highlights.pdf			

Intimate Partner Violence, Navajo Nation (Chinle Agency), Arizona, US, 2013	
% Answered Yes	
Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?	11%
In the past 12 months, have you experienced any physical violence or had unwanted sex with an intimate partner?	11%
Have you ever experienced any unwanted sex by a current or former intimate partner?	3%
Source: Navajo Epidemiology Center, Navajo Department of Health, 2013 Navajo Nation Health Survey, Chinle Agency Results. Link: http://www.nec.navajo-nsn.gov/Portals/0/Reports/NNHS%20Phase%201%20Highlights.pdf	

Selected Risk Factors by Gender and Age, Navajo Nation (Chinle Agency), Arizona, US, 2013		
Gender	Male	Female
Self-rating of general health (Excellent, Very Good, or Good)	62%	70%
High blood pressure	33%	20%
Asthma	7%	15%
Had at least one drink of alcohol in the past 30 days	23%	6%
Binge drank in the past 30 days	15%	2%
Past 30 days marijuana use	41%	18%

Age	18-29 yrs old	30-39 yrs old	40-49 yrs old	50-59 yrs old	60-69 yrs old	70-79 yrs old	80 and older
At least 5 fruits and vegetables per day	21%	37%	40%	29%	22%	19%	19%
Marijuana past 30 days	44%	51%	28%	18%	4%	2%	0%
Source: Navajo Epidemiology Center, Navajo Department of Health, 2013 Navajo Nation Health Survey, Chinle Agency Results. Link: http://www.nec.navajo-nsn.gov/Portals/0/Reports/NNHS%20Phase%201%20Highlights.pdf							

Mortality

Leading Causes of Death, Navajo Nation , 2006-2009			
	Female	Male	Total
Unintentional injuries	64.9	193.1	126.6
Cancer	109.4	96.9	103.5
Heart disease	57.3	86.4	72.4
Diabetes	44.9	62.6	47.8
Chronic liver disease and cirrhosis	46.3	35.9	43.1
Influenza and pneumonia	42.8	34.9	38.8
Suicide	4.6	31.4	17.5
Stroke	23.4	24.0	24.2
Septicemia	22.3	15.2	18.7
Dementia	32.6	10.2	21.0
Assault	*	21.1	12.5
Renal failure	20.3	12.2	16.3
Alcohol dependence syndrome	*	23.9	14.6
Hypertensive disease	9.8	15.8	12.9
Chronic obstructive pulmonary disease (COPD)	9.7	13.1	11.7
Parkinson's disease	11.7	*	*
Alzheimer's disease	10.3	*	*
*Disease not in leading causes for this category so not reported. Source: Navajo Epidemiology Center, Navajo Nation Department of Health, Navajo Nation Mortality Report, Arizona and New Mexico Data, 2006-2009. http://www.nec.navajo-nsn.gov/Portals/0/Reports/Vital%20Statistics%20Report%202006%20to%202009%20FINAL.pdf			

Teens and Youth

Sexual Behavior Among Navajo Nation (All Agencies and Chapters) Middle and High School Students, 2011

	Navajo Nation Middle School	Navajo Nation High School
Never had sexual intercourse	91%	NA
Had sexual intercourse in past three months	NA	28%
Had sexual intercourse with 3 or more people in lifetime	3%	NA
Had sexual intercourse with 4 or more people in lifetime	NA	11%
Used alcohol or drugs prior to having sex (among those who had sexual intercourse in past three months)		
Used condom during last sexual encounter (among those who have had sexual intercourse in past three months)	NA	58%
Taught in school about AIDS/HIV	28%	65%
<p>Source: Navajo Nation, 2011 Navajo Nation Middle School Youth Risk Behavior Survey Report, Navajo Nation Division of Health, Health Education Program, October 2013. Survey among 9,152 students in 81 public middle schools on and near Navajo Nation.</p> <p>http://www.nec.navajo-nsn.gov/Portals/0/Reports/2011%20NYRBS%20MS%20Report%20-%20Final.pdf</p> <p>Navajo Nation. 2011 Navajo Nation High School Youth Risk Behavior Survey Report. Window Rock, AZ; Navajo Nation Division of Health, Health Education Program, October 2013. Survey among 14,948 students in 46 public high schools on and near Navajo Nation.</p> <p>http://www.nec.navajo-nsn.gov/Portals/0/Reports/2011%20NYRBS%20HS%20Report%20-%20Final.pdf</p>		

Substance Use by Navajo Nation (All Agencies and Chapters) Middle and High School Students, 2011

	Navajo Nation Middle School	Navajo Nation High School
Smoke cigarettes or used chewing tobacco, snuff, or dip on one day or more in past 30 days	16%	32%
Smoked 20+ cigarettes in past 30 days	1%	4%
Every tried alcohol in lifetime	25%	55%
Used alcohol in past 30 days	13%	27%
Had five or more drinks of alcohol within a “couple of hours” on one day in past 30 days	NA	16%
Ever tried marijuana	24%	57%
Ever tried cocaine (any form) in lifetime	6%	11%
Ever took prescription drug without prescription in lifetime	7%	19%
Would be very easy or easy to get alcohol	33%	66%
Would be very easy or easy to get marijuana	27%	62%
Would be very easy or easy to get methamphetamines	10%	21%
Think it is very wrong or wrong for someone their age to drink alcohol regularly	95%	91%

Think that people greatly risk harming themselves if they use marijuana regularly	41%	NA
<p>The weight status question is based on a self-rating and not on actual height and weight. May not be comparable to other weight status measures in the Navajo County Community Health Assessment (CHA). Source: Navajo Nation, 2011 Navajo Nation Middle School Youth Risk Behavior Survey Report, Navajo Nation Division of Health, Health Education Program, October 2013. Survey among 9,152 students in 81 public middle schools on and near Navajo Nation.</p> <p>http://www.nec.navajo-nsn.gov/Portals/0/Reports/2011%20NYRBS%20MS%20Report%20-%20Final.pdf</p> <p>Navajo Nation. 2011 Navajo Nation High School Youth Risk Behavior Survey Report. Window Rock, AZ; Navajo Nation Division of Health, Health Education Program, October 2013. Survey among 14,948 students in 46 public high schools on and near Navajo Nation.</p> <p>http://www.nec.navajo-nsn.gov/Portals/0/Reports/2011%20NYRBS%20HS%20Report%20-%20Final.pdf</p>		

Risk and Behavioral Health Among Navajo Nation (All Agencies and Chapters) Middle and High School Students, 2011		
	Navajo Nation Middle School	Navajo Nation High School
Ever rode in car driven by someone who had been drinking alcohol	24%	NA
Rode in car driven by someone who had been drinking alcohol in past 30 days	NA	24%
Did not go to school in past 30 days because felt unsafe at or on what to/from school	18%	9%
Been threatened or injured with a weapon on school property in past 12 months	9%	7%
Considered suicide	22%	18%
Carried a weapon such as gun, knife, or club	33%	NA
Carried a weapon such as gun, knife, or club to school past 30 days	NA	8%
Ever been in a physical fight in which had to be treated by doctor or nurse.	6%	NA
Ever been in physical fight	47%	NA
In physical fight past 12 months	NA	35%
Hit, slapped, or physically hurt by boyfriend/girlfriend past year	NA	9%
Ever physically forced to have sexual intercourse when did not want to	NA	8%
Considered suicide past 12 months	22%	18%
Attempted suicide in past 12 months	11%	15%
Described grades as “mostly A’s or B’s” during past 12 months	53%	53%

Participated in tribal ceremony such as puberty, blessing way, fire dance, etc.	47%	42%
Know where to go for help about important questions or questions affecting their life	66%	NA
<p>The weight status question is based on a self-rating and not on actual height and weight. May not be comparable to other weight status measures in this report. Source: Navajo Nation, 2011 Navajo Nation Middle School Youth Risk Behavior Survey Report, Navajo Nation Division of Health, Health Education Program, October 2013. Survey among 9,152 students in 81 public middle schools on and near Navajo Nation.</p> <p>http://www.nec.navajo-nsn.gov/Portals/0/Reports/2011%20NYRBS%20MS%20Report%20-%20Final.pdf</p> <p>Navajo Nation. 2011 Navajo Nation High School Youth Risk Behavior Survey Report. Window Rock, AZ; Navajo Nation Division of Health, Health Education Program, October 2013. Survey among 14,948 students in 46 public high schools on and near Navajo Nation.</p> <p>http://www.nec.navajo-nsn.gov/Portals/0/Reports/2011%20NYRBS%20HS%20Report%20-%20Final.pdf</p>		

Diet, Exercise, Weight Status Among Navajo Nation (All Agencies and Chapters) Middle and High School Students, 2011		
	Navajo Nation Middle School	Navajo Nation High School
Described self as “slightly overweight” or “very overweight” *	25%	32%
Overweight (as determined by CDC Growth Chart) but not obese	NA	18%
Obese (as determined by CDC Growth Chart)	NA	17%
Trying to lose weight	60%	54%
Went without eating 24 hours+ to lose or maintain weight	24%	16%
Exercised to lose/maintain weight	73%	72%
Ever taught about diabetes in school	49%	64%
Physically active for at least 60 minutes per day on 5+ days in past week	42%	72%
Physically active for at least 60 minutes per day on no days in past week	27%	13%
Watched less than three hours of TV on average school day	74%	71%
Played video/computer games less than 3 hours per day on average school day	76%	76%
Played on one or more sports teams past 12 months	64%	NA
Ate at least five fruits and vegetables per day in past 7 days	NA	34%
Ate 3 or more vegetables per day in past 7 days	NA	27%
Drank at least one soda per day in past 7 days	NA	29%

The weight status question is based on a self-rating and not on actual height and weight. May not be comparable to other weight status measures in this report. Source: Navajo Nation, 2011 Navajo Nation Middle School Youth Risk Behavior Survey Report, Navajo Nation Division of Health, Health Education Program, October 2013. Survey among 9,152 students in 81 public middle schools on and near Navajo Nation.

<http://www.nec.navajo-nsn.gov/Portals/0/Reports/2011%20NYRBS%20MS%20Report%20-%20Final.pdf>

Navajo Nation. 2011 Navajo Nation High School Youth Risk Behavior Survey Report. Window Rock, AZ; Navajo Nation Division of Health, Health Education Program, October 2013. Survey among 14,948 students in 46 public high schools on and near Navajo Nation.

<http://www.nec.navajo-nsn.gov/Portals/0/Reports/2011%20NYRBS%20HS%20Report%20-%20Final.pdf>

Health Outcomes

Maternal and Child Health

Pregnancies by Outcome, Navajo County, AZ, 2016					
	Female population of childbearing age (15-44 years)	Live births	Abortions	Fetal deaths	Total pregnancies
Navajo County	18,988	1,498	69	13	1,580
Arizona	1,320,640	84,404	13,170	490	98,060
Figures for Arizona are rounded to nearest ten for confidentiality reasons. Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2016 Annual Report. http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties					

Pregnancy Rate by Outcome, Navajo County, AZ, 2016				
Rate per 1,000 Females of Childbearing Age				
	Fertility rate (Live births)	Abortions per 1,000 females of childbearing age)	Pregnancy rate	% of pregnancies ending in abortion
Navajo County	78.9	3.6	83.2	4.4%
Arizona	63.9	10.0	74.3	13.4%
Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2016 Annual Report. http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties				

Distribution of Low-Birthweight (LBW) Births and LBW Risk, Navajo County, 2016								
		Prenatal visits						Total
		No visits	1-4 visits	5-8 visits	9-12 visits	13+ visits	Unknown	
Births <2,500 grams (LBW)	Count	15	17	34	45	18	*	130
	Share of LBW births	12%	13%	26%	35%	14%	<1%	100%
	LBW risk	46%	15%	11%	7%	5%	10%	9%
Total births	Count	33	114	325	667	349	10	1,498
*Number not shown due to confidentiality. Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2016 Annual Report. http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties								

Newborns Admitted to Newborn Intensive Care by Gestational Age and Birthweight, 2016		
	Gestational age	Weight at birth
Total		<2,500 grams 2,500+ grams

		Preterm, <37 weeks	Not Preterm		
Navajo County	122	63	56	57	65
Arizona	5,814	3,120	2,68	2,670	3,140
Figures for Arizona may be rounded to nearest ten for confidentiality reasons. Those with unknown gestational age (fewer than 11 for Arizona, fewer than 6 for NC) not shown. Source: Arizona Department of Health Services, <i>Arizona Health Status and Vital Statistics 2016 Annual Report</i> . http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties					

Births with Congenital Anomalies, Navajo County, AZ, 2016		
	Navajo County	Arizona
All Births	1,498	84,404
Total Congenital anomalies of the newborn	11	400
Anencephalus	0	0
Spina bifida /Meningocele	<5	10
Cyanotic congenital heart disease	0	50
Congenital diaphragmatic hernia	0	10
Omphalocele /Gastroschisis	0	30
Limb reduction defect	0	20
Cleft lip /palate	<5	80
Down syndrome	<5	50
Suspected chromosomal disorder	0	40
Hypospadias	0	20
Unknown congenital anomalies	<5	120
Figures for Arizona may be rounded to nearest ten for confidentiality reasons. Those with unknown gestational age (fewer than 11 for Arizona, fewer than 6 for NC) not shown. Source: Arizona Department of Health Services, <i>Arizona Health Status and Vital Statistics 2016 Annual Report</i> . http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties		

Number of Births by Year – Navajo County and Arizona, 1970-2016					
Year	Arizona	Navajo County	Year	Arizona	Navajo County
1970	37,591	1,484	1994	70,896	1,790
1971	38,521	1,472	1995	72,386	1,653
1972	37,501	1,411	1996	75,094	1,702
1973	38,025	1,454	1997	75,563	1,656
1974	39,906	1,494	1998	77,940	1,769
1975	39,543	1,631	1999	80,505	1,751

1976	40,028	1,665	2000	84,985	1,682
1977	41,827	1,722	2001	85,213	1,573
1978	43,058	1,713	2002	87,379	1,634
1979	46,549	1,791	2003	90,783	1,716
1980	50,049	1,899	2004	93,396	1,789
1981	51,620	1,816	2005	95,798	1,903
1982	52,628	1,883	2006	102,042	1,877
1983	52,919	1,911	2007	102,687	2,012
1984	55,109	1,864	2008	99,215	1,944
1985	59,344	1,895	2009	92,616	1,893
1986	60,822	1,896	2010	87,053	1,737
1987	63,320	1,981	2011	85,190	1,642
1988	65,544	1,957	2012	85,725	1,633
1989	67,128	1,993	2013	84,963	1,554
1990	68,814	1,972	2014	86,648	1,609
1991	68,040	1,873	2015	85,024	1,517
1992	68,675	1,844	2016	84,404	1,498
1993	69,037	1,849			

Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2016 Annual Report.

<http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties>

Birth Rates By Year, Navajo County, AZ, 1970-2005			
Year	Navajo County	Arizona	US
1970	31.2	21.2	18.4
1971	28.9	20.6	17.2
1972	27.2	19.1	15.6
1973	27.1	18.3	14.9
1974	26.4	18.5	15.0
1975	28.1	17.8	14.6
1976	27.2	17.6	14.6
1977	27.6	17.8	15.1
1978	24.1	17.4	15.0
1979	24.3	17.7	15.6
1980	28.1	18.4	15.9
1981	26.2	18.4	15.8
1982	26.6	18.2	15.9
1983	26.5	18.0	15.5
1984	26.3	17.9	15.5
1985	26.2	18.6	15.8

1986	25.6	18.1	15.5
1987	26.2	18.3	15.7
1988	25.2	18.2	15.9
1989	25.1	18.0	16.2
1990	25.4	18.8	16.7
1991	23.8	18.1	16.3
1992	22.9	17.8	15.9
1993	22.6	17.5	15.5
1994	21.6	17.6	15.2
1995	20.0	17.3	14.9
1996	20.2	16.8	14.8
1997	19.4	16.4	14.2
1998	20.4	16.5	14.3
1999	18.7	16.3	14.2
2000	17.3	16.6	14.4
2001	15.7	16.1	14.1
2002	16.1	16.0	13.9
2003	16.5	16.1	14.1
2004	16.7	16.0	14.0
2005	17.3	15.8	14.0
2006	16.7	16.4	14.3
2007	17.4	16.0	14.3
2008	16.9	15.2	14.0
2009	16.4	14.0	13.5
2010	16.2	13.2	13.0
2011	15.3	13.2	12.7
2012	15.1	13.2	12.6
2013	14.3	12.9	12.4
2014	14.7	13.0	12.5
2015	13.8	12.6	12.4
2016	13.6	12.3	12.2

Birth rate is number of births per 1,000 residents. Source: Arizona Department of Health Services, *Arizona Health Status and Vital Statistics 2016 Annual Report*.

<http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties>

Source for 2016 US birth rate: National Vital Statistics Reports, vol 67, no 1.

https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_01.pdf

Deaths and Causes of Deaths

Death Trends for Navajo County Residents and Arizona Residents, 2006-2016

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Death Rate per 100,000 Residents											

Navajo Cty	860	888	793	825	819	899	897	976	937	907	1,010
Arizona	45,415	44,640	45,128	45,065	45,871	47,547	48,459	49,929	51,074	54,152	56,480
Death Rate per 100,000 Residents											
Navajo Cty	763.3	770.0	690.9	714.7	762.2	838.4	831.2	897.9	858.2	827.0	914.7
Arizona	727.9	694.0	690.6	683.2	717.6	738.5	745.7	758.7	766.0	752.9	826.3
Age-adjusted Death Rate per 100,000 Residents											
Navajo Cty	937.4	884.9	782.9	818.6	808.9	888.5	854.1	901.6	819.3	786.2	844.6
Arizona	727.3	663.2	659.6	653.2	679.9	699.6	687.2	687.8	676	691.3	696.6
Deaths That Occurred in Arizona and Navajo County (Residents and Non-residents)											
Arizona	47,182	46,325	46,515	46,429	47,616	49,208	50,254	51,997	53,097	56,386	58,708
Navajo Cty	626	630	598	582	577	675	692	716	669	735	776
Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2016 Annual Report. http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties											

Age-Adjusted Death Rates for Leading Causes of Death, Navajo County, Arizona, 2016		
	Total per 100,000 Residents	
	Navajo County	Arizona
Total, all causes	844.6	696.6
Cardiovascular disease	192.6	190.8
Cancer	136.1	140.7
Accident	100.6	53.7
Chronic lower respiratory diseases	44.5	45.0
Chronic liver disease/cirrhosis	40.0	15.1
Suicide	32.0	17.7
Diabetes	27.9	24.5
Cerebrovascular disease	23.7	30.7
Alzheimer's disease	22.9	37.3
Influenza and pneumonia	18.5	10.4
Nephritis	14.8	5.8
Septicemia	13.3	6.2
Hypertension/hypertensive renal disease	11.3	12.2
Homicide	10.1	6.3
Parkinson's disease	5.4	8.7
HIV disease	0.0	1.4
Injury by firearms	22.3	15.3

Drug-induced deaths	22.9	20.1
Opioid-induced deaths ⁺⁺	6.2	11.1
Other drug induced deaths		9.0
Alcohol-induced deaths	65.9	17.6
AVERAGE AGE AT DEATH	68.1	72.9
MEDIAN AGE AT DEATH	72.0	76.0
Source: Arizona Department of Health Services, <i>Arizona Health Status and Vital Statistics 2016 Annual Report</i> . http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties		

Chronic Disease Death Rates - Progress Toward Healthy People Goals, 2016			
	Navajo County	Arizona	Healthy People 2020 Goal
Chronic lower respiratory disease deaths (adults 45+)	115.4	122.8	98.5
Coronary heart disease deaths	99.6	106.2	100.8
Diabetes related death rate	90.6	65.5	65.8
Cancer death rate	136.1	140.7	160.6
Prostate cancer death rate	10.5	8.3	21.2
Colorectal cancer death rate	16.0	12.9	14.5
Breast cancer death rate	5.8	10.4	20.6
Lung cancer death rate	24.4	31.4	45.5
Source: Arizona Department of Health Services, <i>Arizona Health Status and Vital Statistics 2016 Annual Report</i> . http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties			

Illnesses and Hospital Visits

Number of Hospital Discharges by First Listed Diagnosis, 2016		
	Navajo County	Arizona
Total	10,170	626,677
Infectious and parasitic diseases	895	50,683
Septicemia	759	41,953
Enterocolitis due to <i>Clostridium difficile</i>	51	2,670
Neoplasms	313	22,213
Malignant neoplasms	254	17,912
Large intestine	36	2,260
Prostate	17	1,400
Trachea bronchus and lung	27	2,127
Breast	10	900

Benign neoplasms	51	3,460
Endocrine nutritional metabolic and immunity diseases	415	23,991
Diabetes mellitus	198	9,591
Volume depletion	13	1,460
Morbid obesity	25	2,850
Diseases of the blood and blood forming organs	82	5,680
Mental disorders	923	49,402
Psychoses	574	31,286
Alcoholic psychoses	79	3,210
Drug psychoses	13	590
Schizophrenic disorders	71	5,820
Manic-depressive disorders	413	27,543
Neurotic disorders	354	12,375
Anxiety states	15	580
Depression	269	14,884
Drug dependence	30	2,040
Nondependent abuse of drugs	6	180
Alcohol dependence syndrome	85	780
Diseases of the nervous system	223	16,824
Diseases of the eye and adnexa	*	520
Diseases of the ear and mastoid process	6	610
Diseases of the circulatory system	1,285	83,719
Heart disease	848	54,356
Acute myocardial infarction	239	11,922
Coronary atherosclerosis	78	5,210
Other ischemic heart disease	11	450
Cardiac dysrhythmias	119	10,283
Cardiac arrest	*	260
Congestive heart failure	162	11,750
Cerebrovascular disease	229	15,955
Diseases of the respiratory system	982	51,903
Acute bronchitis and bronchiolitis	88	3,110
Pneumonia	325	14,668
Chronic bronchitis	102	7,940
Asthma	161	11,345
Diseases of the digestive system	1,025	60,699
Appendicitis	33	3,181
Noninfectious enteritis and colitis	43	4,220
Diverticula of intestine	59	4,957
Cholelithiasis	52	3,806
Diseases of the genitourinary system	326	26,335
Calculus of kidney and ureter	6	620

Diseases of the skin and subcutaneous tissue	271	14,583
Cellulitis and abscess	159	9,454
Diseases of the musculoskeletal system	835	48,438
Osteoarthritis and allied disorders	411	24,901
Invertebral disc disorders	26	1,450
Congenital anomalies	43	2,250
Conditions originating in perinatal period	68	2,180
Symptoms signs and ill-defined conditions	175	13,212
Injury and poisoning	972	60,192
Fractures, all sites	252	19,234
Fracture of neck of femur	86	6,719
Poisonings	71	5,670
<p>* Cell suppressed due to non-zero count less than 6; Figures for Arizona may be rounded to the nearest 10 visits in order to protect confidentiality. Hospital discharge data includes all inpatient discharges for ChangePoint Integrated Care, Summit Healthcare Regional Medical Center, and Little Colorado Medical Center. Source: Arizona Department of Health Services, Bureau of Public Health Statistics, <i>Arizona Health Status and Vital Statistics 2016 Annual Report</i>. http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties</p>		

CHANGEPOINT PSYCHIATRIC HOSPITAL
LITTLE COLORADO MEDICAL CENTER
SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER

Percent of Hospital Discharges by First Listed Diagnosis, 2016		
	Navajo County	Arizona
Total	100%	100%
Infectious and parasitic diseases	9%	8%
Septicemia	7%	7%
Enterocolitis due to <i>Clostridium difficile</i>	1%	0%
Neoplasms	3%	4%
Malignant neoplasms	2%	3%
Large intestine	0%	0%
Prostate	0%	0%
Trachea bronchus and lung	0%	0%
Breast	0%	0%
Benign neoplasms	1%	1%
Endocrine nutritional metabolic and immunity diseases	4%	4%
Diabetes mellitus	2%	2%
Volume depletion	0%	0%

Morbid obesity	0%	0%
Diseases of the blood and blood forming organs	1%	1%
Mental disorders	9%	8%
Psychoses	6%	5%
Alcoholic psychoses	1%	1%
Drug psychoses	0%	0%
Schizophrenic disorders	1%	1%
Manic-depressive disorders	4%	4%
Neurotic disorders	3%	2%
Anxiety states	0%	0%
Depression	3%	2%
Drug dependence	0%	0%
Nondependent abuse of drugs	0%	0%
Alcohol dependence syndrome	1%	0%
Diseases of the nervous system	2%	3%
Diseases of the eye and adnexa	*	0%
Diseases of the ear and mastoid process	0%	0%
Diseases of the circulatory system	13%	13%
Heart disease	8%	9%
Acute myocardial infarction	2%	2%
Coronary atherosclerosis	1%	1%
Other ischemic heart disease	0%	0%
Cardiac dysrhythmias	1%	2%
Cardiac arrest	*	0%
Congestive heart failure	2%	2%
Cerebrovascular disease	2%	3%
Diseases of the respiratory system	10%	8%
Acute bronchitis and bronchiolitis	1%	0%
Pneumonia	3%	2%
Chronic bronchitis	1%	1%
Asthma	2%	2%
Diseases of the digestive system	10%	10%
Appendicitis	0%	1%
Noninfectious enteritis and colitis	0%	1%
Diverticula of intestine	1%	1%
Cholelithiasis	1%	1%
Diseases of the genitourinary system	3%	4%
Calculus of kidney and ureter	0%	0%

Diseases of the skin and subcutaneous tissue	3%	2%
Cellulitis and abscess	2%	2%
Diseases of the musculoskeletal system	8%	8%
Osteoarthritis and allied disorders	4%	4%
Invertebral disc disorders	0%	0%
Congenital anomalies	0%	0%
Conditions originating in perinatal period	1%	0%
Symptoms signs and ill-defined conditions	2%	2%
Injury and poisoning	10%	10%
Fractures, all sites	2%	3%
Fracture of neck of femur	1%	1%
Poisonings	1%	1%
<p>* Cell suppressed due to non-zero count less than 6; Arizona figures may be rounded to the nearest 10 individuals in order to protect confidentiality. The rounded number is used to calculate the percentage shown above. Hospital discharge data include all inpatient discharges for ChangePoint Integrated Care, Summit Healthcare Regional Medical Center, and Little Colorado Medical Center. Source: Arizona Department of Health Services, Bureau of Public Health Statistics, Arizona Health Status and Vital Statistics 2016 Annual Report.</p> <p>http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties</p>		

Number of Emergency Department Visits by First Listed Diagnosis, 2016		
	Navajo	Total
Total, all visits	37,978	2,402,128
Infectious and parasitic diseases	1,107	56,325
Neoplasms	67	5,250
Endocrine nutritional metabolic and immunity diseases	839	60,492
Diabetes mellitus	256	14,619
Mental disorders	2,037	84,537
Psychoses	1,544	54,750
Alcoholic psychoses	109	3,280
Drug psychoses	47	960
Schizophrenic disorders	25	890
Manic-depressive disorders	218	10,050
Neurotic disorders	1,698	70,763
Anxiety states	267	21,050
Depression	174	7,703
Drug dependence	46	3,630
Nondependent abuse of drugs	107	12,040
Alcohol dependence syndrome	179	3,390
Diseases of the nervous system	1,318	73,291

Diseases of the eye and adnexa	326	22,195
Diseases of the ear and mastoid process	828	50,713
Diseases of the circulatory system	1,040	71,913
Diseases of the respiratory system	4,812	257,458
Acute bronchitis and bronchiolitis	754	32,100
Pneumonia	355	22,094
Chronic bronchitis	234	12,133
Asthma	568	38,172
Diseases of the digestive system	2,612	167,626
Diseases of the genitourinary system	1,672	144,585
Diseases of the skin and subcutaneous tissue	1,551	87,044
Diseases of the musculoskeletal system	2,179	176,987
Symptoms signs and ill-defined conditions	7,206	574,546
Injury and poisoning	8,602	466,396
Fractures, all sites	1,311	67,674
Sprains	1,081	51,427
Intracranial	312	11,894
Open wounds	1,596	89,660
Superficial injuries	1,638	91,100
Contusions with intact skin surface	1,159	65,707
Foreign bodies	159	10,127
Burns and corrosions	125	7,190
Trauma complications and unspecified injuries	253	30,354
Poisonings	213	13,790
Surgical and medical complications	275	13,131
Hospital emergency room data include all ER visits for ChangePoint Integrated Care, Summit Healthcare Regional Medical Center, and Little Colorado Medical Center. Source: Arizona Department of Health Services, Bureau of Public Health Statistics, <i>Arizona Health Status and Vital Statistics 2016 Annual Report</i> . http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties		

Percent of Emergency Department Visits by First Listed Diagnosis, 2016		
Total, all visits	100%	100%
Infectious and parasitic diseases	3%	2%
Neoplasms	0%	0%
Endocrine nutritional metabolic and immunity diseases	2%	3%
Diabetes mellitus	1%	1%
Mental disorders	5%	4%
Psychoses	4%	2%
Alcoholic psychoses	0%	0%

Drug psychoses	0%	0%
Schizophrenic disorders	0%	0%
Manic-depressive disorders	1%	0%
Neurotic disorders	4%	3%
Anxiety states	1%	1%
Depression	0%	0%
Drug dependence	0%	0%
Nondependent abuse of drugs	0%	1%
Alcohol dependence syndrome	0%	0%
Diseases of the nervous system	3%	3%
Diseases of the eye and adnexa	1%	1%
Diseases of the ear and mastoid process	2%	2%
Diseases of the circulatory system	3%	3%
Diseases of the respiratory system	13%	11%
Acute bronchitis and bronchiolitis	2%	1%
Pneumonia	1%	1%
Chronic bronchitis	1%	1%
Asthma	1%	2%
Diseases of the digestive system	7%	7%
Diseases of the genitourinary system	4%	6%
Diseases of the skin and subcutaneous tissue	4%	4%
Diseases of the musculoskeletal system	6%	7%
Symptoms signs and ill-defined conditions	19%	24%
Injury and poisoning	23%	19%
Fractures, all sites	3%	3%
Sprains	3%	2%
Intracranial	1%	0%
Open wounds	4%	4%
Superficial injuries	4%	4%
Contusions with intact skin surface	3%	3%
Foreign bodies	0%	0%
Burns and corrosions	0%	0%
Trauma complications and unspecified injuries	1%	1%
Poisonings	1%	1%
Surgical and medical complications	1%	1%
<p>* Cell suppressed due to non-zero count less than 6. Some numbers are rounded to the nearest 10 individuals in order to protect confidentiality of certain cells. The rounded number is used to calculate the percentage shown above. Source: Arizona Department of Health Services, Bureau of Public Health Statistics, <i>Arizona Health Status and Vital Statistics 2016 Annual Report</i>.</p>		

Number and Percent of ER Visits for the Leading Diagnosis Groups, Navajo County, AZ, 2016

	Navajo County	Arizona	Navajo County	Arizona
Total number of visits to emergency room	37,978	2,402,128	100%	100%
Abdominal pain	1,743	149,752	5%	6%
Chest pain	1,588	109,436	4%	5%
Acute upper respiratory infection, excluding pharyngitis	1,958	106,641	5%	4%
Superficial injuries	1,638	91,100	4%	4%
Mental disorders	2,037	84,537	5%	4%
Spinal disorders	836	74,051	2%	3%
Contusion with intact skin surface	1,159	65,707	3%	3%
Nausea, vomiting	574	43,201	2%	2%
Headache	328	43,166	1%	2%
Urinary tract infection, site not specified	340	43,067	1%	2%
Sprains and strains, excluding ankle and back	885	38,714	2%	2%
Open wound, excluding head	733	38,559	2%	2%
Asthma	568	38,172	1%	2%
Open wound of head	322	35,560	1%	1%
Otitis media and eustachian tube disorders	533	32,491	1%	1%
Cellulitis and abscess	541	32,092	1%	1%
Heart disease, excluding ischemic	427	30,196	1%	1%
Gastroenteritis and colitis	255	23,860	1%	1%
Chronic and unspecified bronchitis	301	23,025	1%	1%
Rheumatism, excluding back	309	22,283	1%	1%
Pneumonia	355	22,094	1%	1%
Acute pharyngitis	416	21,704	1%	1%
Fever	214	20,176	1%	1%
Migraine	272	19,818	1%	1%
Sprains and strains of neck and back	78	4,560	0%	0%
Unspecified viral and chlamydial infection	6	280	0%	0%
Other diagnoses	19,562	1,187,886	48%	51%

* Cell suppressed due to non-zero count less than 6. Figures for Arizona may be rounded to the nearest 10 visits in order to protect confidentiality. The rounded number is used to calculate the percentage shown above. Hospital discharge data includes all inpatient discharges for ChangePoint Integrated Care, Summit Healthcare Regional Medical Center, and Little Colorado Medical Center. Source: Arizona Department of Health Services, Bureau of Public Health Statistics, *Arizona Health Status and Vital Statistics 2016 Annual Report*.

<http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties>

Number of Procedures by Category, Navajo County, AZ, 2016		
	Navajo County	Arizona
All procedures – number of procedures	18,739	1,064,735
Operations on the central nervous system	268	16,342
Spinal tap	95	7,324
Operations on the peripheral nervous system	69	3,940
Operations on the heart and great vessels	1,010	56,586
Heart transplant	0	70
Coronary artery bypass graft	75	3,430
Cardiac catheterization	330	19,510
Insertion, replacement, removal, of pacemaker leads	73	4,500
Operations on the upper arteries	208	8,745
Operations on the lower arteries	120	6,796
Operations on the upper veins	224	12,022
Operations on the lower veins	194	9,767
Operations on the lymphatic and hemic systems	113	8,654
Operations on the eye	8	520
Operations on the ear, nose, sinus	29	1,040
Operations on the respiratory system	531	30,662
Bronchoscopy with or without biopsy	108	8,470
Operations on the mouth and throat	60	3,309
Operations on the gastrointestinal system	873	51,555
Implantation of gastric band	0	30
Endoscopy of small intestine with or without biopsy	220	11,725
Endoscopy of large intestine with or without biopsy	176	8,550
Appendectomy, excluding incidental	51	4,107
Operations on the hepatobiliary system and pancreas	242	13,415
Cholectecystectomy	158	8,014
Operations on the endocrine system	15	1,070
Operations on the skin and breast	320	20,229
Breast surgery	10	900
Operations on the subcutaneous tissue and fascia	431	21,544
Operations on the musculoskeletal system	1,454	86,117
Open reduction of fracture with or without internal fixation	100	7,432
Total hip replacement	134	9,171
Total knee replacement	281	16,061
Operations on the urinary system	222	16,061
Kidney transplant	*	260
Operations on the male reproductive system	39	8,141

Prostatectomy	25	1,940
Operations on the female reproductive system	251	16,270
Oophorectomy and salpingo-oophorectomy	49	3,746
Hysterectomy	55	3,610
Obstetrical procedures	1,164	79,873
Episiotomy with or without forceps or vacuum extraction	69	3,098
Artificial rupture of membranes	467	21,200
Cesarean section	293	22,448
Other therapeutic procedures - Imaging	1,022	53,316
Computerized tomography (CT Scan)	25	1,260
Magnetic resonance imaging (MRI)	28	1,080
Other therapeutic procedures - Nuclear medicine	8	300
Other therapeutic procedures - Radiation therapy	8	190
Extracorporeal assistance and performance	953	48,141
Hemodialysis	172	11,454
All other procedures	8,852	486,023
<p>* Cell suppressed due to non-zero count less than 6; Figures for Arizona may be rounded to the nearest 10 visits in order to protect confidentiality. Source: Arizona Department of Health Services, Bureau of Public Health Statistics, Arizona Health Status and Vital Statistics 2016 Annual Report. http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties</p>		

Percent of Procedures by Category, Navajo County, AZ, 2016		
	Navajo County	Arizona
All procedures	100%	100%
Operations on the central nervous system	1%	2%
Spinal tap	1%	1%
Operations on the peripheral nervous system	0%	0%
Operations on the heart and great vessels	5%	5%
Heart transplant	0%	0%
Coronary artery bypass graft	0%	0%
Cardiac catheterization	2%	2%
Insertion, replacement, removal, of pacemaker leads	0%	0%
Operations on the upper arteries	1%	1%
Operations on the lower arteries	1%	1%
Operations on the upper veins	1%	1%
Operations on the lower veins	1%	1%
Operations on the lymphatic and hemic systems	1%	1%
Operations on the eye	0%	0%
Operations on the ear, nose, sinus	0%	0%
Operations on the respiratory system	3%	3%

Bronchoscopy with or without biopsy	1%	1%
Operations on the mouth and throat	0%	0%
Operations on the gastrointestinal system	5%	5%
Implantation of gastric band	0%	0%
Endoscopy of small intestine with or without biopsy	1%	1%
Endoscopy of large intestine with or without biopsy	1%	1%
Appendectomy, excluding incidental	0%	0%
Operations on the hepatobiliary system and pancreas	1%	1%
Cholecystectomy	1%	1%
Operations on the endocrine system	0%	0%
Operations on the skin and breast	2%	2%
Breast surgery	0%	0%
Operations on the subcutaneous tissue and fascia	2%	2%
Operations on the musculoskeletal system	8%	8%
Open reduction of fracture with or without internal fixation	1%	1%
Total hip replacement	1%	1%
Total knee replacement	1%	2%
Operations on the urinary system	1%	2%
Kidney transplant	*	0%
Operations on the male reproductive system	0%	1%
Prostatectomy	0%	0%
Operations on the female reproductive system	1%	2%
Oophorectomy and salpingo-oophorectomy	0%	0%
Hysterectomy	0%	0%
Obstetrical procedures	6%	8%
Episiotomy with or without forceps or vacuum extraction	0%	0%
Artificial rupture of membranes	2%	2%
Cesarean section	2%	2%
Other therapeutic procedures - Imaging	5%	5%
Computerized tomography (CT Scan)	0%	0%
Magnetic resonance imaging (MRI)	0%	0%
Other therapeutic procedures - Nuclear medicine	0%	0%
Other therapeutic procedures - Radiation therapy	0%	0%
Extracorporeal assistance and performance	5%	5%
Hemodialysis	1%	1%
All other procedures	47%	46%

* Cell suppressed due to non-zero count less than 6. Figures for Arizona may be rounded to the nearest 10 visits in order to protect confidentiality. Source: Arizona Department of Health Services, Bureau of Public Health Statistics, *Arizona Health Status and Vital Statistics 2016 Annual Report*.

<http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties>

Injuries – ER Visits and Inpatient Discharges, 2016				
	Emergency Room Visits		Inpatient Discharges	
	Navajo County	Arizona	Navajo County	Arizona
All visits/discharges	37,978	2,402,128	10,170	626,677
All injuries	8,877	492,842	1,520	90,399
UNINTENTIONAL INJURIES	7,804	456,455	793	49,349
Falls	2,945	167,283	410	30,741
Transport accidents	1,048	76,096	170	8,445
Struck against or struck accidentally by objects or person	1,026	60,145		
Overexertion	166	6,900		
Cutting or piercing instruments or objects	460	23,872		
Natural and environmental factors	1,497	84,081	114	5,180
Exposure to excessive natural heat	14	1,750	*	370
Fire and flames	46	2,480	10	360
Machinery	50	2,310	*	220
Pedal cycle, nontraffic and other	81	6,980		
Motor vehicle, nontraffic	48	1,350		
Firearm missile	17	950		
Drowning/submersion	*	150		
SELF-INFLICTED (SUICIDE)	88	3,380	21	1,190
ASSAULT	725	19,557	105	2,240
INJURIES OF UNDETERMINED INTENT	27	1,190	*	240
COMPLICATIONS OF CARE AND ADVERSE EFFECTS OF MEDICAL TREATMENT	233	12,260	601	37,380
Misadventures to patients	7	150	13	470
Surgical and medical procedures as the cause of adverse reaction	202	11,059	529	33,971

* Cell suppressed due to non-zero count less than 6; Figures for Arizona may be rounded to the nearest 10 visits in order to protect confidentiality. Source: Arizona Department of Health Services, Bureau of Public Health Statistics, *Arizona Health Status and Vital Statistics 2016 Annual Report*.

<http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties>

Injuries – Percent of ER Visits and Inpatient Discharges, 2016

	Emergency Room Visits		Inpatient Discharges	
All visits/discharges	100%	100%	100%	100%
All injuries	23%	21%	15%	14%
UNINTENTIONAL INJURIES	21%	19%	8%	8%
Falls	8%	7%	4%	5%
Transport accidents	3%	3%	2%	1%
Struck against or struck accidentally by objects or person	3%	3%	0%	0%
Overexertion	0%	0%	0%	0%
Cutting or piercing instruments or objects	1%	1%	0%	0%
Natural and environmental factors	4%	4%	1%	1%
Exposure to excessive natural heat	0%	0%	*	0%
Fire and flames	0%	0%	0%	0%
Machinery	0%	0%	*	0%
Pedal cycle, non-traffic and other	0%	0%	0%	0%
Motor vehicle, non-traffic	0%	0%	0%	0%
Firearm missile	0%	0%	0%	0%
Drowning/submersion	*	0%	0%	0%
SELF-INFLICTED (SUICIDE)	0%	0%	0%	0%
ASSAULT	2%	1%	1%	0%
INJURIES OF UNDETERMINED INTENT	0%	0%	*	0%
COMPLICATIONS OF CARE AND ADVERSE EFFECTS OF MEDICAL TREATMENT	1%	1%	6%	6%
Misadventures to patients	0%	0%	0%	0%
Surgical and medical procedures as the cause of adverse reaction	1%	0%	5%	5%
<p>* Cell suppressed due to non-zero count less than 6; Some numbers are rounded to the nearest 10 individuals in order to protect confidentiality of certain cells. The rounded number is used to calculate the percentage shown above. Source: Arizona Department of Health Services, Bureau of Public Health Statistics, Arizona Health Status and Vital Statistics 2016 Annual Report.</p> <p>http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties</p>				

Cancer Rates per 100,000 Residents by County, 2011-15	
	Total
Mohave	437.5
Yavapai	406.6
Graham	401.1
Maricopa	392.8
Arizona	383.3
Pima	373.3
Coconino	366.5
Greenlee	361.2
Cochise	356.6

Pinal	353.0
Yuma	346.0
Navajo	338.3
Gila	317.5
Santa Cruz	301.9
La Paz	295.6
Apache	267.9
Total	383.3
Rates are number of newly diagnosed cancer patients (incidence) divided by the number of residents multiplied by 100,000. Source: <i>Arizona Cancer Registry, 2011-2015</i> . Updated 2/20/18. http://healthdata.az.gov/query/module_selection/azcr/AzCRSelection.html	

Cancer Rates per 100,000 Residents by Sex and Year, Age-Adjusted, Navajo County Residents, 2015	
Year	Total
1995	334
1996	397
1997	438
1998	410
1999	335
2000	324
2001	362
2002	338
2003	364
2004	364
2005	366
2006	360
2007	377
2008	351
2009	359
2010	344
2011	359
2012	333
2013	367
2014	323
2015	325
Rates are number of newly diagnosed cancer patients (incidence) divided by the number of residents multiplied by 100,000.	

Source: Arizona Cancer Registry, 2011-2015. Updated 2/20/18.
http://healthdata.az.gov/query/module_selection/azcr/AzCRSelection.html

Number of Cancer Diagnoses, Navajo County Residents, 2011-15	
All	2066
Breast	254
Lung and Bronchus	230
Prostate	218
Colorectal	195
Kidney/Renal Pelvis	108
Thyroid	93
Non-Hodgkins Lymphoma	83
Cutaneous Melanoma	82
Corpus Uteri and Uterus, NOS	75
Urinary Bladder	74
Leukemia	65
Liver and Intrahepatic Bile Duct	57
Stomach	54
Oral Cavity	53
Pancreas	43
Brain and Other Nervous System	38
Ovary	33
Myeloma	26
Esophagus	24
Gallbladder and Other Biliary	18
Cervix Uteri	18
Testis	17
Larynx	12
Anus, Anal Canal and Anorectum	8
Bones and Joints	8
Small Intestine	6
Mesothelioma	4
Hodgkins Lymphoma	3
Kaposi Sarcoma	1
Other	166
Includes cancer patients diagnosed between 2011-15, inclusive. Source: Arizona Cancer Registry, 2011-2015. Updated 2/20/18. http://healthdata.az.gov/query/module_selection/azcr/AzCRSelection.html	

Communicable Diseases

HIV/AIDS Prevalence and Incidence, Navajo County, 2007 to 2016		
Year	Prevalence	Incidence
2007	54	7
2008	54	6
2009	60	7
2010	64	4
2011	77	9
2012	94	6
2013	109	13
2014	120	1
2015	132	6
2016	139	11
Arizona Department of Health Services, 2017 Arizona HIV/AIDS Epidemiology Annual Report http://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/disease-integrated-services/hiv-epidemiology/reports/2017/annual-report.pdf		

Communicable Diseases, Navajo County, 2013-2017						
	2013	2014	2015	2016	2017	Grand Total
Acute flaccid myelitis				1		1
Aseptic meningitis, viral		1		1	1	3
Brucellosis					1	1
Campylobacteriosis	27	30	46	47	93	243
Carbapenem-resistant Enterobacteriaceae (CRE)			1			1
Chlamydia trachomatis infection	934	755	722	806	884	4,101
Coccidioidomycosis	33	26	62	33	49	209
Cyclospora infection					1	1
Escherichia coli, Shiga toxin-producing	4	1	3	1	1	10
Giardiasis	5	1	2	1	3	12
Gonorrhea	182	150	144	207	336	1,019
Haemophilus influenzae, invasive disease	7	5	7	11	10	40
Hantavirus infection		1				1
Hepatitis A	1	2	4	1		8
Hepatitis B	4	7	9	14	21	56
Hepatitis C	49	83	57	40	40	269

Herpes genitalis	1	1		4	3	9
HIV Infection and related disease	13	1	6	11		
Influenza virus	412	284	164	507	499	1,890
Influenza with mortality in a child	2		1			3
Kawasaki syndrome			1			1
Legionellosis	2	2	1			5
Listeriosis			1		1	2
Lyme disease	3					3
Meningococcal invasive disease	2					2
MRSA	10	14	8	20	26	78
Norovirus			1	17	23	41
Pertussis	14	2	9		14	39
Plague			1		1	2
Rocky Mountain spotted fever	8	1		1	2	12
RSV	266	92	171	91	187	808
Salmonellosis	37	37	54	27	27	182
Shigellosis	26	27	6	34	99	192
Streptococcal Group A, invasive	10	11	15	10	24	70
Streptococcal Group B, invasive, infant <90 days		2	2		2	6
Streptococcus pneumoniae, invasive	29	39	36	37	32	173
Syphilis	7	13	10	10	21	61
Tuberculosis	3	1	1		3	8
Tularemia				2	1	3
Varicella (chickenpox)		5	4	7	6	22
Vibrio infection					1	1
West Nile virus	1				1	2
Grand Total	2,079	1,593	1,544	1,930	2,413	9,591
Navajo County residents only. Includes reportable diseases. Influenza figures are understated as many cases are not reported. Source: Navajo County Public Health Services District, from MEDSIS Statewide Disease Reporting System, ADHS. Unpublished data.						

Health Disparities III

Health Disparities: Total Population

Total Population by Age, Sex, Race									
	American Indian			Hispanic			White		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
Total	24,554	23,045	47,599	5,438	6,519	11,957	22,394	22,975	45,369
Under 5 years	2,063	2,145	4,208	566	621	1,187	1,090	1,183	2,273
5 to 9 years	2,480	2,223	4,703	541	581	1,122	1,229	1,402	2,631
10 to 14 years	1,947	2,075	4,022	582	577	1,159	1,383	1,455	2,838
15 to 17 years	1,294	1,322	2,616	304	337	641	846	942	1,788
18 and 19 yrs	775	767	1,542	179	291	470	408	496	904
20 to 24 years	1,863	1,970	3,833	373	396	769	943	1,073	2,016
25 to 29 years	1,690	1,805	3,495	347	721	1,068	969	1,009	1,978
30 to 34 years	1,376	1,416	2,792	311	522	833	1,069	1,103	2,172
35 to 44 years	2,605	2,483	5,088	606	821	1,427	2,143	2,319	4,462
45 to 54 years	3,052	2,743	5,795	580	636	1,216	2,810	2,907	5,717
55 to 64 years	2,585	2,129	4,714	484	524	1,008	3,961	3,725	7,686
65 to 74 years	1,593	1,211	2,804	353	315	668	3,471	3,418	6,889
75 to 84 years	922	591	1,513	151	118	269	1,532	1,499	3,031
85 yrs and over	309	165	474	61	59	120	540	444	984

Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Navajo County Population by Age Group, Race/Ethnicity and Gender, 2016									
	American Indian			Hispanic			White		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
17 and under	7,784	7,765	15,549	1,993	2,116	4,109	4,548	4,982	9,530
18 to 44	8,309	8,441	16,750	1,816	2,751	4,567	5,532	6,000	11,532
45 to 64	5,637	4,872	10,509	1,064	1,160	2,224	6,771	6,632	13,403
65 and older	2,824	1,967	4,791	565	492	1,057	5,543	5,361	10,904
Total	24,554	23,045	47,599	5,438	6,519	11,957	22,394	22,975	45,369

Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Percent of Navajo County Population by Age Group, Race/Ethnicity and Gender, 2016

	American Indian			Hispanic			White		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
17 and under	32%	34%	33%	37%	32%	34%	20%	22%	21%
18 to 44	34%	37%	35%	33%	42%	38%	25%	26%	25%
45 to 64	23%	21%	22%	20%	18%	19%	30%	29%	30%
65 and older	12%	9%	10%	10%	8%	9%	25%	23%	24%
Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml									

Health Disparities: Resident Groups with Special Needs

Households with Seniors, Children, Navajo County, Arizona, US, 2016			
	Navajo County	Arizona	United States
Total population	108,209	6,728,577	318,558,162
Total households	34,090	2,448,919	117,716,237
Total families	24,668	1,602,188	77,608,829
Total; Estimate; Average household size	3.1	2.69	2.64
Households with Youth, Seniors			
Households with one or more people under 18 years	12,306	771,409	37,669,196
Percent of households with one or more people under 18 years	36.1%	31.5%	32.0%
Households with one or more people 60 years and over	15,409	964,874	43,790,440
Households with one or more people 60 years and over	45.2%	39.4%	37.2%
Householder living alone	7,977	668,555	32,607,398
Householder living alone	23.4%	27.3%	27.7%
Householder living alone - 65 years and over	3,170	252,239	12,242,489
Householder living alone - 65 years and over	9.3%	10.3%	10.4%
Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates, ACS Demographic and Housing Estimates, Table DP05. https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml			

Housing Characteristics, Navajo County, Arizona, US, 2016			
	Navajo County	Arizona	US
Total population	108,209	6,728,577	318,558,162
Total households	34,090	2,448,919	117,716,237

Total families	24,668	1,602,188	77,608,829
Total; Estimate; Average household size	3.1	2.69	2.64
Household Composition			
Married-couple family household; Estimate; Total households	16,101	1,160,631	56,781,405
Married-couple family household; Estimate; Average household size	3.56	3.29	3.28
Male householder, no wife present, family household; Estimate; Total households	1,905	132,729	5,681,312
Male householder, no wife present, family household; Estimate; Average household size	4.09	3.66	3.48
Female householder, no husband present, family household; Estimate; Total households	6,662	308,828	15,146,112
Female householder, no husband present, family household; Estimate; Average household size	4.39	3.73	3.5
Nonfamily household; Estimate; Total households	9,422	846,731	40,107,408
Nonfamily household; Estimate; Average household size	1.2	1.32	1.29
Married-couple family household; Estimate; Total households	47.2%	47.4%	48.2%
Male householder, no wife present, family household; Estimate; Total households	5.6%	5.4%	4.8%
Female householder, no husband present, family household; Estimate; Total households	19.5%	12.6%	12.9%
Nonfamily household; Estimate; Total households	27.6%	34.6%	34.1%
The US Census defines family households consist of two or more individuals who are related by birth, marriage, or adoption. Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates, ACS Demographic and Housing Estimates, Table DP05. https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml			

Students Needing Individual Education Plans (IEPs), 2017-18				
Blue Ridge School District, Lakeside	IEPs	Total Number of Students	% of Total Students who are on IEP	Free and reduced lunch
Total	241	2,309	10%	
Kindergarten – 3rd Grade	70	635	11%	39%
4th grade – 6th grade	60	520	12%	47%
7th-8th Grade	39	355	11%	40%
9-12th Grade	72	799	9%	34%

Joseph City Unified School District			
Total	70		
Kindergarten – 3rd Grade	26		
4th grade – 6th grade	20		
7th-8th Grade	8		
9-12th Grade	16		
Snowflake Unified School District			
Total (all schools)	392	2,513	16%
Highland Primary School		461	51%
Snowflake High School		759	32%
Snowflake Intermediate School		381	45%
Snowflake Junior High School		448	45%
Taylor Elem		274	51%
Taylor Intermediate		190	52%
St. Anthony's School (Pre-K-8)	2	138	NA
Winslow Unified School District			
Total	290	2,263	13%
Winslow High school (9-12)		792	58%
Winslow Junior High School (7-8)		334	67%
Bonnie Brennan Elem School (3-6)		428	59%
Jefferson Elementary (K-2)		387	68%
Washington (4-6)		322	75%
Source for IEP information: Individual school district staff per request. Source for enrollment, free/reduced lunch: Arizona Department of Education, Percentage of Children Approved for Free or Reduced-price Lunches for School Year 2017. https://cms.azed.gov/home/GetDocumentFile?id=5890e0bfaadebe05c0974e55			

Children with or Potential for Developmental Delay, Navajo County and Arizona, 2017		
	Navajo County	Arizona
Percent of children aged birth to 1 years old with individual family service plans	<1%	1%
Percent of children aged birth to 3 years old with individual family service plans	2.7%	2.2%
Note from source document: The methodology for population estimates used by the State Demographer's office can be found at: https://population.az.gov/sites/default/files/documents/files/pop-prj-state-county2015methodology.pdf The total number of children with IFSPs on a single day was compared to county data using the data provided to OSEP as part of the October 1, 2017 Child Count. It is compared to the county data provided by the Arizona State Demographer's Office. Source: Arizona Department of Economic Security, Public Report of Early Intervention Services Programs, 2016, p.111. https://des.az.gov/documents-center?qt-content-tab=1 Glossary at: https://des.az.gov/services/disabilities/early-intervention/glossary#IFSP		

Nursery and Preschool Enrollment, Children 0-17 Years Old Living with Grandparent , 2011-15			
	Navajo County	Arizona	US
Number Enrolled in Each Category Below	1,542	66,177	NA
Children 3-4 yrs old enrolled in nursery or preschool	45%	36%	47%
% of children 0-17 yrs old living with responsible grandparent	65%	52%	50%
% children 0-17 yrs old living with responsible grandparent with no parent present	15%	14%	16%
Source: First Things First Data Center, 2011-15. http://datacenter.azftf.gov/az-state-county			

Services and Needs of Children 0 to 5 Years Old, 2013-2017						
	Navajo County			Arizona		
	2013	2014	2015	2013	2014	2015
Child Find Activities Birth to Age 1 - % of children with Individualized Family Service Plan (IFSP) (2017)			1%			1%
Child Find Activities Birth to Age 3 - % of children with IFSPs			3%			2%
AZ Early Intervention Program (AZ-EIP) - Referrals	163	83	196			
AZ-EIP Services	43	39	92			
Kids 0-5 without health insurance			1,056			
% children 0-5 without health insurance			11%			9%
Division of Developmental Disabilities - Referrals, Services, and Service Visits for Children (0-5 years)						
# Service Visits	2,490	2,340	1,139	532,936	498,076	478,841
# Children Referred	31	39	29	3,587	4,283	4,453
# Children Served	42	33	23	5,293	4,874	4,876
Infants born with medical risk factors		25%	31%		18%	20%
Infants born with drug withdrawal syndrome (per 1,000 live births)	<6	6.21	0	4.59	5.42	5.99
Children Entering out of home care (DCS care) - 2016/17			80			10,905
DES Eligible for Subsidy	292	266	343	43,860		
DES % Receiving subsidy			86%	89%		
No waitlisted for subsidy			43	5,140		
% in eligible in DCS care receiving subsidy			78%	86%		
Children in special education - preschoolers		135				

Children in special education - kindergarten	95	
Cost of Child Care as % of Median Income		
Infant Cost	18%	17%
Toddler Cost	16%	15%
Preschooler Cost	14%	13%
<p>Children eligible for AZ-EIP must be experiencing a “significant delay” with criteria as follows:</p> <ol style="list-style-type: none"> 1. Must have an established condition (a condition that has a high probability of resulting a developmental delay such as epilepsy, autism, cerebral palsy, chromosomal abnormality, etc.) or 2. Must have a significant developmental delay (50% delay in one or more areas/a standard score of 70 or below on a norm referenced tool) <p>Full eligibility criteria explained at Arizona Department of Economic Security website at: https://des.az.gov/services/disabilities/early-intervention/arizona-early-intervention-program-azeip-eligibility Source of data in table: First Things First Data Center, http://datacenter.azftf.gov/az-state-county</p>		

XXXX Navajo County or Navajo Area

XXAZeip – waiting for Geography		
	Number	Percent
Total	1012	100%
Screening conducted, evaluation recommended	461	46%
AzEIP eligible	271	
Not AzEIP eligible	141	
No decision recorded	49	
No screening information available	463	46%
AzEIP eligible	63	
Screened out	70	7%
Screened out, parent requested evaluation	18	2%
Source: Division of Developmental Disabilities, Arizona Department of Economic Security, unpublished data, July 2018.		

Health Disparities: Births

Births by Mother's Race/Ethnicity, Navajo County, AZ, 2016				
	Navajo County		Arizona	
	Number	% of All Births	Number	% of All Births
All racial/ethnic groups	1,498	100%	84,404	100%
American Indian or Alaska Native	817	55%	5,030	6%
White non-Hispanic	510	34%	37,762	45%

Hispanic or Latino	160	11%	33,874	40%
Asian or Pacific Islander	10	1%	3,350	4%
Black or African American	0	0%	4,390	5%
Figures for Arizona may be rounded to the nearest 10 births in order to protect confidentiality. Source: Arizona Department of Health Services, <i>Arizona Health Status and Vital Statistics 2016 Annual Report</i> . http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties				

Births by Mother's Race/Ethnicity, Party Paying for The Delivery, 2016				
	Navajo County		Arizona	
	Number	Percent	Number	Percent
All racial/ethnic groups - Total	1,498	100%	84,404	100%
AHCCCS	1,098	73%	44,146	52%
IHS	48	3%	1,068	1%
Private Insurance	308	21%	34,516	41%
Self-pay	41	3%	4,373	5%
Unknown	<6	*	301	0%
White non-Hispanic - Total	510	100%	37,762	100%
AHCCCS	284	56%	13,267	35%
IHS	<6	*	100	0%
Private Insurance	194	38%	21,832	58%
Self-pay	32	6%	2,410	6%
Unknown	<6	*	150	0%
Hispanic or Latino - Total	160	100%	33,874	100%
AHCCCS	102	64%	23,480	69%
IHS	0	0%	70	0%
Private Insurance	49	31%	8,740	26%
Self-pay	<6	*	1,490	4%
Unknown	<6	*	100	0%
Black or African American - Total	0	0	4390	100%
AHCCCS	0	0	3060	70%
IHS	0	0	0	0%
Private Insurance	0	0	1,100	25%
Self-pay	0	0	210	5%
Unknown	0	0	18	0%
American Indian or Alaska Native - Total	817	100%	5030	100%
AHCCCS	706	86%	3440	68%
IHS	46	6%	900	18%
Private Insurance	58	7%	610	12%
Self-pay	6	1%	80	2%
Unknown	<6	*	10	0%
Asian or Pacific Islander - Total	10	100%	3,350	100%

AHCCCS	<6	*	900	27%
IHS	0	0%	0	0%
Private Insurance	<6	*	2240	67%
Self-pay	0	0%	180	5%
Unknown	0	0%	26	1%

An asterisk indicates that the number of individuals in that cell less than 6. Therefore, the exact number is not shown due to confidentiality. Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2016 Annual Report.

<http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties>

Births to Unwed Mothers by Race/Ethnicity and Education, Navajo County, AZ, 2016

	Navajo County		Arizona	
	Number	Percent of All Unwed Mothers	Number	Percent of All Unwed Mothers
Births to Unwed Mothers	881	100%	37,843	100%
Race/ethnicity				
White non-Hispanic	162	18%	11,812	31%
Hispanic or Latino	84	10%	18,900	50%
Black or African American	<6	*	2,690	7%
American Indian or Alaska Native	631	72%	3,930	10%
Asian or Pacific Islander	<6	*	520	1%
Education				
8th Grade or less	15	2%	1,490	4%
Some High School	207	23%	8,961	24%
High School/GED	366	42%	12,763	34%
Some College	233	26%	9,602	25%
Associate Degree	40	5%	2,390	6%
Bachelor's Degree	11	1%	1,810	5%
Postgraduate Education	<6	*	540	1%
Unknown	6	1%	290	1%

*An asterisk indicates that a percentage cannot be calculated because exact number is not provided due to confidentiality. Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2016 Annual Report.

<http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties>

Pregnancies by Outcome and Age Group, Navajo County and Arizona, 2016

Total	<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45+	Unknown
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Navajo County											
Total pregnancies	1,580	0	60	100	430	470	330	160	50	0	0
Births	1,500	0	55	94	404	443	308	152	40	*	0
Abortions	70	0	*	*	24	19	13	*	*	*	0
Fetal deaths	10	0	0	0	*	*	*	*	*	0	0
Arizona											
Total pregnancies	98,060	85	1,707	4,932	23,915	29,085	23,825	11,641	2,633	229	8
Births	84,404	54	1,420	3,916	19,775	25,328	21,394	10,209	2,125	183	0
Abortions	13,170	31	277	989	4,046	3,634	2,310	1,361	472	43	7
Fetal deaths	490	0	10	27	94	123	121	71	36	*	*
* Cell suppressed due to non-zero count less than 6; Figures for Arizona may be rounded to the nearest 10 visits in order to protect confidentiality. Source: Arizona Department of Health Services, <i>Arizona Health Status and Vital Statistics 2016 Annual Report</i> . http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties											

Births to Unwed Mothers by Mother's Age Group, Navajo County, AZ, 2016				
	Navajo	Arizona	Navajo	Arizona
Mother's age group	881	37,843	100%	100%
<15	0	50	0%	0%
15-19	140	4,782	16%	13%
20-24	283	13,288	32%	35%
25-29	245	10,498	28%	28%
30-34	131	5,868	15%	16%
35-39	60	2,680	7%	7%
40-44	22	640	2%	2%
45+	1	40	0%	0%
Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2016 Annual Report. http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties				

Births by Party Paying for The Delivery, 2016				
	Navajo County		Arizona	
Total	1,498	100%	84,404	100%
AHCCCS	1,098	73%	44,146	52%
IHS	48	3%	1,068	1%
Private Insurance	308	21%	34,516	41%
Self-pay	41	3%	4,373	5%
Unknown	<6	*	301	0%

Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2016 Annual Report.

<http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties>

Newborns Admitted to Newborn Intensive Care Units by Gestational Age and Birthweight, Arizona Counties, 2016

	Total	Gestational age			Weight at birth		
		Preterm, <37 weeks	Not Preterm	Unknown	<2,500 grams	2,500+ grams	Unknown
Navajo County	122	63	56	*	57	65	0
Arizona	5,814	3,120	2,680	10	2,670	3,140	0
Apache	58	38	20	0	35	23	0
Cochise	110	66	44	0	62	48	0
Coconino	78	47	31	0	40	38	0
Gila	35	21	14	0	18	17	0
Graham	36	22	14	0	20	16	0
Greenlee	10	*	*	0	*	7	0
La Paz	10	*	*	0	*	*	0
Maricopa	3,747	1,954	1,787	6	1,666	2,078	*
Mohave	74	40	34	0	41	33	0
Pima	801	436	365	0	374	427	0
Pinal	353	179	172	*	145	208	0
Santa Cruz	36	25	11	0	26	10	0
Yavapai	121	66	55	0	53	68	0
Yuma	225	158	66	*	131	94	0

Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2016 Annual Report.

<http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties>

Births by Mother's Age Group, Race/ethnicity, Navajo County, AZ, 2016

Mother's Age Group	Navajo County				Arizona			
	Total	American Indian	Hispanic or Latino	White non-Hispanic	Total	American Indian or Alaska Native	Hispanic or Latino	White non-Hispanic
Total	1500	820	160	510	84,404	5,030	33,874	37,762
<15 yrs old	0	0	0	0	50	11	32	8
15-17 yrs old	60	34	*	16	1,420	167	877	283
18-19 yrs old	94	63	18	13	3,916	362	2,227	1,056

20-24 yrs old	400	218	49	134	19,775	1,391	9,810	7,056
25-29 yrs old	440	232	43	166	25,328	1,527	9,913	11,609
30-34 yrs old	310	158	30	116	21,394	981	6,770	11,389
35-39 yrs old	150	84	9	57	10,209	484	3,404	5,256
40-44 yrs old	40	27	*	10	2,125	104	790	1,002
45+ yrs old	0	*	0	*	180	*	51	103

Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2016 Annual Report.

<http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties>

Births by Mother's Age Group, Race/ethnicity, Navajo County, AZ, 2016

Mother's Age Group	Navajo County				Arizona			
	Total	American Indian	Hispanic or Latino	White non-Hispanic	Total	American Indian	Hispanic or Latino	White non-Hispanic
Total	100%	100%	100%	100%	100%	100%	100%	100%
<15	0%	0%	0%	0%	0.1%	0.2%	0.1%	0.0%
15-17	4%	4%	*	3%	2%	3%	3%	1%
18-19	6%	8%	11%	3%	5%	7%	7%	3%
Under 20 (subtotal)	10%	12%	11%	6%	6%	11%	9%	4%
20-24	27%	27%	31%	26%	23%	28%	29%	19%
25-29	29%	28%	27%	33%	30%	30%	29%	31%
30-34	21%	19%	19%	23%	25%	20%	20%	30%
35-39	10%	10%	6%	11%	12%	10%	10%	14%
40-44	3%	3%	*	2%	3%	2%	2%	3%
45+	0%	*	0%	*	0%	*	0%	0%

Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2016 Annual Report.

<http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties>

Low-Birthweight (LBW) Births by Race/Ethnicity and Age, 2016

	Navajo County		Arizona	
All births	1500	100%	84,404	100%
All low-birthweight births	130	9%	6,186	7%
Mother's race/ethnicity				
American Indian or Alaska Native	82	5%	360	0%
Hispanic or Latino	16	1%	2,400	3%
White not Hispanic	31	2%	2,590	3%
Mother's age group				

<15 years old	0	0%	0	0%
15-19 years old	11	1%	430	1%
20-24 years old	34	2%	1,400	2%
25-29 years old	32	2%	1,730	2%
30-34 years old	29	2%	1,530	2%
35-39 years old	20	1%	840	1%
40-44 years old	*	*	220	0%
45 years old and older	*	*	40	0%

Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2016 Annual Report.

<http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties>

Births and Birth Rates, Females 10-19 Years, 2016

Number of Births	All 19 years or younger	10-14 years	15-19 years old		
			15-19	15-17	18-19
Navajo County	149	0	149	55	94
Arizona	5,390	50	5,336	1,420	3,916
Birth Rates (per 1,000 live births)	All 19 years or younger	10-14 years	15-19 years old		
			15-19	15-17	18-19
Navajo County	18.5	0.0	38.4	21.9	68.7
Arizona	12.0	0.2	23.7	10.5	43.7

Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2016 Annual Report.

<http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties>

Health Disparities: Quality of Life & Health Behaviors

Various Health Behaviors by Gender, Navajo County Residents, 2011-2016			
	Female	Male	Total
Self-rating of general health as excellent, very good, or good	78%	77%	77%
Days of poor mental health in past month - none	62%	72%	66%
14 or more days of poor mental health in the past month	12%	10%	11%
Current smoking	13%	14%	14%
Binge drinking	3%	15%	8%
Weight status			
Obese	29%	28%	29%

Overweight	31%	42%	35%
Normal or underweight	40%	30%	36%
Diagnosed with diabetes	15%	17%	15%
Physical activity at least once in the past month	71%	74%	72%
Physical activity level*			
Met aerobic guidelines	35%	33%	34%
Met strengthening guidelines	6%	6%	6%
Met both guidelines	17%	25%	21%
Did not meet either guideline	42%	36%	40%
Fruit and vegetable consumption*			
Ate both fruit and vegetable at least once/day	52%	45%	49%
Ate either fruit or vegetable at least once/day	33%	38%	35%
Ate neither fruit nor vegetable at least once/day	15%	17%	16%

*Items with asterisk were asked only in 2013 and 2015. Therefore, sample sizes are smaller than for other items. Use caution when comparing groups. Definitions: Binge drinking is when a person that has more than five drinks on one occasion in the past 30 days. adults should do at least 150 minutes (2 hours and 30 minutes) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) a week of vigorous-intensity aerobic activity, or an equivalence combination of moderate- and vigorous-intensity aerobic activity. Adults also should do muscle-strengthening activities that are moderate- or high-intensity and involve all major muscle groups on 2 or more days a week, as these activities provide additional health benefits. Link for activity guidelines:

https://www.cdc.gov/cancer/dcpc/prevention/policies_practices/physical_activity/guidelines.htm

Source: Navajo County Public Health Services District, analysis of Behavioral Risk Factor Surveillance System dataset from Arizona Department of Health Services (ADHS). Additional information in BRFSS Annual Report 2015 at: <https://azdhs.gov/documents/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/annual-reports/brfss-annual-report-2015.pdf>

Various Risk Factors by Race/Ethnicity, 2011-2016				
	American Indian	Hispanic	White	Total (All races)
Self-rating of general health as excellent, very good, or good	76%	82%	77%	77%
Days of poor mental health in past month - none	60%	70%	67%	66%
14 or more days of poor mental health in the past month	14%	12%	10%	11%
Current smoking	11%	13%	14%	14%
Binge drinking	12%	8%	7%	8%
Weight status				
Obese	45%	36%	24%	29%
Overweight	35%	36%	35%	35%
Normal or underweight	20%	28%	41%	36%
Diagnosed with diabetes	24%	17%	13%	15%

Physical activity in past month	73%	61%	73%	72%
Physical activity level*				
Met aerobic guidelines	26%	8%	37%	34%
Met strengthening guidelines	9%	8%	5%	6%
Met both guidelines	29%	17%	19%	21%
Did not meet either guideline	37%	67%	39%	40%
Fruit and vegetable consumption*				
Ate both fruit and veg at least once/day	47%	71%	47%	49%
Ate either fruit or vegetable at least once/day	31%	7%	39%	35%
Ate neither fruit nor vegetable at least once/day	22%	21%	14%	16%
<p>*Items with asterisk were asked only in 2013 and 2015. Therefore, sample sizes are smaller than for other items. Use caution when comparing groups. See definitions in <i>Various Risk Factors by Gender</i> table. Source: Navajo County Public Health Services District, analysis of Behavioral Risk Factor Surveillance System dataset from Arizona Department of Health Services (ADHS). Additional information in BRFSS Annual Report 2015 at: https://azdhs.gov/documents/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/annual-reports/brfss-annual-report-2015.pdf</p>				

Various Risk Factors by Age Group, 2011-2016							
	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or older	Total (All ages)
Self-rating of general health as excellent, very good, or good	88%	93%	81%	71%	74%	77%	77%
Days of poor mental health in past month - none	57%	68%	60%	53%	64%	73%	73%
14 or more days of poor mental health in the past month	14%	8%	17%	21%	13%	6%	11%
Current smoking	15%	21%	15%	14%	18%	10%	14%
Binge drinking	26%	18%	13%	10%	8%	3%	8%
Weight status							
Obese	27%	41%	31%	36%	30%	23%	29%
Overweight	27%	23%	32%	35%	39%	36%	35%
Normal or underweight	46%	36%	37%	29%	31%	41%	36%
Diagnosed with diabetes	0%	7%	7%	15%	15%	20%	15%
Physical activity in past month	90%	80%	77%	73%	72%	69%	72%
Physical activity level*							
Met aerobic guidelines	27%	25%	36%	23%	28%	43%	34%
Met strengthening guidelines	18%	13%	4%	9%	6%	2%	6%
Met both guidelines	45%	38%	28%	23%	17%	15%	21%
Did not meet either guideline	9%	25%	32%	46%	49%	40%	40%
Consumption of fruits and vegetables*							
Ate both fruit and veg at least once/day	42%	25%	68%	36%	48%	52%	49%

Ate either fruit or vegetable at least once/day	25%	50%	18%	46%	38%	34%	35%
Ate neither fruit nor vegetable at least once/day	33%	25%	14%	18%	15%	14%	16%

*Items with asterisk were asked only in 2013 and 2015. Therefore, sample sizes are smaller than for other items. Use caution when comparing groups. See definitions in *Various Risk Factors by Gender* table. Source: Navajo County Public Health Services District, analysis of Behavioral Risk Factor Surveillance System dataset from Arizona Department of Health Services (ADHS). Additional information in BRFSS Annual Report 2015 at: <https://azdhs.gov/documents/preparedness/public-health-statistics/behavioral-risk-factor-surveillance/annual-reports/brfss-annual-report-2015.pdf>

Access to Grocery Stores by Income, Age Groups, Race/Ethnicity, Navajo County			
	2010	2015	% change
Population, low access to store	35,575	41,411	16
Population, low access to store (%)	33	39	
Low income & low access to store	19,590	26,868	37
Low income & low access to store (%)	18	25	
Households, no car & low access to store, 2010	2,587	2,682	4
Households, no car & low access to store (%)	7	8	
SNAP households, low access to store, 2015	4,031		
SNAP households, low access to store (%), 2015	11		
Children, low access to store	10,663	12,848	20
Children, low access to store (%)	10	12	
Seniors, low access to store	4,231	4,524	7
Seniors, low access to store (%)	4	4	
American Indian or Alaska Native, low access to store		27,049	
American Indian or Alaska Native, low access to store (%)		25	
Black, low access to store		310	
Black, low access to store (%)		0	
Hispanic ethnicity, low access to store		2,867	
Hispanic ethnicity, low access to store (%)		3	
White, low access to store		12,403	
White, low access to store (%)		12	
Multiracial, low access to store		1,472	
Multiracial, low access to store (%)		1	
Source: United States Department of Agriculture, Economic Research Service. https://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas/			

Health Disparities: Substance Abuse

See tables above on risk factors for substance abuse information.

Health Disparities: Deaths, Chronic Diseases, and Injuries

Number of Hospital Discharges by Gender, Age, Race/Ethnicity, Marital Status, Primary Payer		
	Navajo County	Arizona
Total discharges	10,170	626,677
Gender		
Male	4,870	270,159
Female	5,300	356,503
Unknown	0	20
Age group		
Children <15 years	648	28,462
Adolescents 15-19 years	328	18,537
Young adults 20-44 years	3,055	177,596
Middle-aged adults 45-64 years	2,737	160,677
Elderly 65+ years	3,402	241,392
Unknown	0	10
Race/ethnicity		
White non-Hispanic	5,215	424,091
Hispanic or Latino	552	126,550
Black or African American	68	32,253
American Indian or Alaska Native	4,195	26,725
Asian or Pacific Islander	50	11,890
Refused/Unknown	90	5,164
Patient's marital status		
Single	4,256	234,267
Married	4,090	263,301
Separated	92	5,330
Divorced	766	53,152
Widowed	789	66,126
Not applicable	*	130
Unknown	175	4,374
Primary payer		
Self-pay	158	20,367
Private insurance (indemnity, HMO, PPO)	1,481	150,240

AHCCCS/Medicaid	4,142	170,934
Medicare	3,413	203,759
Other	976	81,377
<p>* Cell suppressed due to non-zero count less than 6; Figures for Arizona may be rounded to the nearest 10 visits in order to protect confidentiality. Facilities included: Summit Healthcare, Little Colorado Medical Center, and ChangePoint Integrated Health. ChangePoint does not have an emergency department, so it is included in inpatient counts only. Source: Arizona Department of Health Services, Bureau of Public Health Statistics, Arizona Health Status and Vital Statistics 2016 Annual Report.</p> <p>http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties</p>		

Percent of Hospital Discharges by Gender, Age, Race/Ethnicity, Marital Status, Primary Payer		
	Navajo County	Arizona
Total	100%	100%
Gender		
Male	48%	43%
Female	52%	57%
Unknown	0%	0%
Age group		
Children <15 years	6%	5%
Adolescents 15-19 years	3%	3%
Young adults 20-44 years	30%	28%
Middle-aged adults 45-64 years	27%	26%
Elderly 65+ years	33%	39%
Unknown	0%	0%
Race/ethnicity		
White non-Hispanic	51%	68%
Hispanic or Latino	5%	20%
Black or African American	1%	5%
American Indian or Alaska Native	41%	4%
Asian or Pacific Islander	0%	2%
Refused/Unknown	1%	1%
Patient's marital status		
Single	42%	37%
Married	40%	42%
Separated	1%	1%
Divorced	8%	8%
Widowed	8%	11%
Not applicable	*	0%
Unknown	2%	1%
Primary payer		

Self-pay	2%	3%
Private insurance (indemnity, HMO, PPO)	15%	24%
AHCCCS/Medicaid	41%	27%
Medicare	34%	33%
Other	10%	13%

* Cell suppressed due to non-zero count less than 6; Figures for Arizona may be rounded to the nearest 10 visits in order to protect confidentiality. Facilities included: Summit Healthcare, Little Colorado Medical Center, and ChangePoint Integrated Health. ChangePoint does not have an emergency department, so it is included in inpatient counts only. Source: Arizona Department of Health Services, Bureau of Public Health Statistics, Arizona Health Status and Vital Statistics 2016 Annual Report.

<http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties>

Emergency Department Visits by Principal Diagnosis and Sex, 2016

	Number of Visits		Percent of Visits	
	Female	Male	Female	Male
Injury and poisoning	4,007	4,596	20%	25%
Symptoms, signs and ill-defined	3,912	3,297	20%	18%
Diseases of the respiratory system	2,644	2,168	13%	12%
Diseases of the digestive system	1,395	1,219	7%	7%
Diseases of the musculoskeletal system and connective tissue	1,159	1,021	6%	6%
Mental disorders	671	1,369	3%	8%
Diseases of the genitourinary system	1,188	485	6%	3%
Diseases of the skin and subcutaneous tissue	791	759	4%	4%
Diseases of the nervous system and sense organs	769	550	4%	3%
Infectious and parasitic diseases	598	508	3%	3%
Diseases of the circulatory system	478	564	2%	3%
Endocrine, nutritional and metabolic diseases, and immunity disorders	384	471	2%	3%
Diseases of the blood and blood-forming organs	75	47	0%	0%
Neoplasms (Cancer)	41	26	0%	0%
Certain conditions originating in the perinatal period	13	22	0%	0%
Congenital anomalies	5	1	0%	0%
Other diagnosis or no diagnosis	1,804	1,155	9%	6%
Grand Total	19,850	18,141	100%	100%

* Cell suppressed due to non-zero count less than 6; Figures for Arizona may be rounded to the nearest 10 visits in order to protect confidentiality. Facilities included: Summit Healthcare, Little Colorado Medical Center, and ChangePoint Integrated Health. ChangePoint does not have an emergency department, so it is included in inpatient counts only. Source: Arizona Department of Health Services, Bureau of Public Health Statistics, Arizona Health Status and Vital Statistics 2016 Annual Report.

Inpatient Hospital Visits by Principal Diagnosis and Sex, 2016

	Number of Visits		Percent of Visits	
	Female	Male	Female	Male
Diseases of the circulatory system	468	799	8%	15%
Diseases of the digestive system	478	537	8%	10%
Diseases of the respiratory system	483	499	8%	9%
Injury and poisoning	394	573	7%	11%
Mental disorders	394	532	7%	10%
Infectious and parasitic diseases	447	436	8%	8%
Diseases of the musculoskeletal system and connective tissue	408	425	7%	8%
Endocrine, nutritional and metabolic diseases, and immunity disorders	191	219	3%	4%
Diseases of the genitourinary system	187	140	3%	3%
Neoplasms (Cancer)	161	149	3%	3%
Diseases of the skin and subcutaneous tissue	110	159	2%	3%
Diseases of the nervous system and sense organs	100	120	2%	2%
Symptoms, signs and ill-defined	83	92	1%	2%
Diseases of the blood and blood-forming organs	50	32	1%	1%
Certain conditions originating in the perinatal period	31	42	1%	1%
Congenital anomalies	23	20	0%	0%
Other diagnosis or no diagnosis	1,838	677	31%	12%
Total number of visits	5,842	5,446	100%	100%
<p>* Cell suppressed due to non-zero count less than 6; Figures for Arizona may be rounded to the nearest 10 visits in order to protect confidentiality. Facilities included: Summit Healthcare, Little Colorado Medical Center, and ChangePoint Integrated Health. ChangePoint does not have an emergency department, so it is included in inpatient counts only. Source: Arizona Department of Health Services, Bureau of Public Health Statistics, Arizona Health Status and Vital Statistics 2016 Annual Report.</p> <p>http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties</p>				

Emergency Department Visits by Principal Diagnosis and Race/Ethnicity, Navajo County, 2016

	Number of Visits	Percent of Visits
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	American Indian	Hispanic	White	American Indian	Hispanic	White
Injury and poisoning	3,266	749	4,441	21%	23%	24%
Symptoms, signs and ill-defined	2,415	620	4,059	16%	19%	22%
Diseases of the respiratory system	2,543	409	1,759	16%	12%	9%
Diseases of the digestive system	845	254	1,445	5%	8%	8%
Diseases of the musculoskeletal system and connective tissue	858	180	1,066	6%	5%	6%
Mental disorders	1,142	142	737	7%	4%	4%
Diseases of the skin and subcutaneous tissue	734	126	648	5%	4%	3%
Diseases of the nervous system and sense organs	539	114	648	3%	3%	3%
Infectious and parasitic diseases	571	113	406	4%	3%	2%
Diseases of the genitourinary system	570	12	104	4%	0%	1%
Endocrine, nutritional and metabolic diseases, and immunity disorders	300	17	123	2%	1%	1%
Diseases of the circulatory system	234	15	56	2%	0%	0%
Diseases of the blood and blood-forming organs	38	6	20	0%	0%	0%
Neoplasms (Cancer)	13	3	50	0%	0%	0%
Certain conditions originating in the perinatal period	23	4	8	0%	0%	0%
Congenital anomalies	4	1	1	0%	0%	0%
Other	4	-	1	0%	0%	0%
Grand Total	15,428	3,311	18,572	100%	100%	100%
<p>* Cell suppressed due to non-zero count less than 6; Figures for Arizona may be rounded to the nearest 10 visits in order to protect confidentiality. Facilities included: Summit Healthcare, Little Colorado Medical Center, and ChangePoint Integrated Health. ChangePoint does not have an emergency department, so it is included in inpatient counts only. Source: Arizona Department of Health Services, Bureau of Public Health Statistics, Arizona Health Status and Vital Statistics 2016 Annual Report.</p> <p>http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties</p>						

Hospital Inpatient Visits by Principal Diagnosis and Race/Ethnicity, Navajo County, 2016

	Number of Visits			Percent of Visits		
	American Indian	Hispanic	White	American Indian	Hispanic	White
Diseases of the circulatory system	370	71	794	8%	10%	14%

Diseases of the digestive system	453	54	493	10%	8%	9%
Diseases of the respiratory system	415	53	489	9%	7%	9%
Injury and poisoning	452	39	460	10%	5%	8%
Mental disorders	352	72	482	8%	10%	8%
Infectious and parasitic diseases	438	42	391	9%	6%	7%
Diseases of the musculoskeletal system and connective tissue	215	33	562	5%	5%	10%
Endocrine, nutritional and metabolic diseases, and immunity disorders	204	21	180	4%	3%	3%
Diseases of the genitourinary system	128	21	164	3%	3%	3%
Neoplasms (Cancer)	92	19	190	2%	3%	3%
Diseases of the skin and subcutaneous tissue	156	13	94	3%	2%	2%
Diseases of the nervous system and sense organs	90	12	113	2%	2%	2%
Diseases of the blood and blood-forming organs	37	7	37	1%	1%	1%
Certain conditions originating in the perinatal period	51	2	15	1%	0%	0%
Congenital anomalies	20	3	19	0%	0%	0%
Symptoms, signs and ill-defined	81	7	85	2%	1%	1%
Grand Total	4,620	714	5,730	100%	100%	100%
<p>* Cell suppressed due to non-zero count less than 6; Figures for Arizona may be rounded to the nearest 10 visits in order to protect confidentiality. Facilities included: Summit Healthcare, Little Colorado Medical Center, and ChangePoint Integrated Health. ChangePoint does not have an emergency department, so it is included in inpatient counts only. Source: Arizona Department of Health Services, Bureau of Public Health Statistics, Arizona Health Status and Vital Statistics 2016 Annual Report.</p> <p>http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties</p>						

Emergency Room Visits by Principal Diagnosis and Age Group, Navajo County, 2016

	0-4 yrs old	5-9 yrs old	10-17 yrs old	18-24 yrs old	25-44 yrs old	45-64 yrs old	65 yrs old and older
Injury and poisoning	536	412	950	962	2,592	1,891	1,260
Diseases of the respiratory system	1,125	509	408	383	1,004	801	582
Diseases of the digestive system	113	93	111	265	895	671	466
Diseases of the musculoskeletal system and connective tissue	13	25	70	150	716	739	467

Mental disorders	2	7	94	168	1,000	611	158
Diseases of the skin and subcutaneous tissue	195	136	133	161	419	305	201
Diseases of the genitourinary system	62	41	78	219	551	349	373
Diseases of the nervous system and sense organs	27	13	53	113	508	422	183
Infectious and parasitic diseases	327	104	69	82	230	167	127
Diseases of the circulatory system	2	10	13	10	116	344	547
Endocrine, nutritional and metabolic diseases, and immunity disorders	22	15	28	53	247	288	202
Diseases of the blood and blood-forming organs	3	10	12	7	19	30	40
Neoplasms (Cancer)	1	-	-	1	11	26	27
Certain conditions originating in the perinatal period	35	-	-	-	-	-	-
Congenital anomalies	3	-	1	-	1	-	1
Symptoms, signs and ill-defined	473	205	376	541	1,920	2,066	1,633
Grand Total	3,450	1,758	2,546	3,596	11,119	9,042	6,480
<p>* Cell suppressed due to non-zero count less than 6; Figures for Arizona may be rounded to the nearest 10 visits in order to protect confidentiality. Facilities included: Summit Healthcare, Little Colorado Medical Center, and ChangePoint Integrated Health. ChangePoint does not have an emergency department, so it is included in inpatient counts only. Source: Arizona Department of Health Services, Bureau of Public Health Statistics, Arizona Health Status and Vital Statistics 2016 Annual Report.</p> <p>http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties</p>							

Percent of Emergency Room Visits by Principal Diagnosis and Age Group, Navajo County, 2016							
	0-4 yrs old	5-9 yrs old	10-17 yrs old	18-24 yrs old	25-44 yrs old	45-64 yrs old	65 yrs old and older
Injury and Poisoning	16%	23%	37%	27%	23%	21%	19%
Diseases of the respiratory system	33%	29%	16%	11%	9%	9%	9%
Diseases of the digestive system	3%	5%	4%	7%	8%	7%	7%
Diseases of the musculoskeletal system and connective tissue	0%	1%	3%	4%	6%	8%	7%
Mental disorders	0%	0%	4%	5%	9%	7%	2%
Diseases of the skin and subcutaneous tissue	6%	8%	5%	4%	4%	3%	3%

Diseases of the genitourinary system	2%	2%	3%	6%	5%	4%	6%
Diseases of the nervous system and sense organs	1%	1%	2%	3%	5%	5%	3%
Infectious and Parasitic Diseases	9%	6%	3%	2%	2%	2%	2%
Diseases of the circulatory system	0%	1%	1%	0%	1%	4%	8%
Endocrine, nutritional and metabolic diseases, and immunity disorders	1%	1%	1%	1%	2%	3%	3%
Diseases of the blood and blood-forming organs	0%	1%	0%	0%	0%	0%	1%
Neoplasms (Cancer)	0%	0%	0%	0%	0%	0%	0%
Certain conditions originating in the perinatal period	1%	0%	0%	0%	0%	0%	0%
Congenital anomalies	0%	0%	0%	0%	0%	0%	0%
Symptoms, signs and ill-defined	14%	12%	15%	15%	17%	23%	25%
Grand Total	100%	100%	100%	100%	100%	100%	100%

* Cell suppressed due to non-zero count less than 6; Figures for Arizona may be rounded to the nearest 10 visits in order to protect confidentiality. Facilities included: Summit Healthcare, Little Colorado Medical Center, and ChangePoint Integrated Health. ChangePoint does not have an emergency department, so it is included in inpatient counts only. Source: Arizona Department of Health Services, Bureau of Public Health Statistics, Arizona Health Status and Vital Statistics 2016 Annual Report.

<http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties>

Inpatient Hospital Visits by Principal Diagnosis and Age Group, Navajo County, 2016

	0-4 yrs old	5-9 yrs old	10-17 yrs old	18-24 yrs old	25-44 yrs old	45-64 yrs old	66 yrs old and older
Diseases of the circulatory system	8	1	3	9	81	391	774
Diseases of the digestive system	17	10	19	36	244	361	328
Diseases of the respiratory system	184	31	20	12	99	252	384
Injury and poisoning	20	15	31	59	228	278	336
Mental disorders	-	3	110	103	420	213	77
Infectious and parasitic diseases	19	8	9	21	154	277	395
Diseases of the musculoskeletal system and connective tissue	2	2	12	8	61	323	425
Endocrine, nutritional and metabolic diseases, and immunity disorders	11	3	12	20	101	151	112
Diseases of the genitourinary system	10	2	5	14	66	90	140

Neoplasms (Cancer)	4	4	-	6	32	116	148
Diseases of the skin and subcutaneous tissue	20	2	3	5	75	97	67
Diseases of the nervous system and sense organs	13	9	6	8	45	62	77
Diseases of the blood and blood-forming organs	8	2	6	6	17	14	29
Certain conditions originating in the perinatal period	73	-	-	-	-	-	-
Congenital anomalies	21	2	7	1	4	6	2
Symptoms, signs and ill-defined	15	7	8	6	21	50	68
Grand Total	1,609	102	300	736	2,445	2,706	3,390

* Cell suppressed due to non-zero count less than 6; Figures for Arizona may be rounded to the nearest 10 visits in order to protect confidentiality. Facilities included: Summit Healthcare, Little Colorado Medical Center, and ChangePoint Integrated Health. ChangePoint does not have an emergency department, so it is included in inpatient counts only. Source: Arizona Department of Health Services, Bureau of Public Health Statistics, Arizona Health Status and Vital Statistics 2016 Annual Report.

<http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties>

Percent of Inpatient Hospital Visits by Principal Diagnosis and Age Group, Navajo County, 2016

	0-4 yrs old	5-9 yrs old	10-17 yrs old	18-24 yrs old	25-44 yrs old	45-64 yrs old	66 yrs old and older
Diseases of the circulatory system	0%	1%	1%	1%	3%	14%	23%
Diseases of the digestive system	1%	10%	6%	5%	10%	13%	10%
Diseases of the respiratory system	11%	30%	7%	2%	4%	9%	11%
Injury and Poisoning	1%	15%	10%	8%	9%	10%	10%
Mental disorders	0%	3%	37%	14%	17%	8%	2%
Infectious and Parasitic Diseases	1%	8%	3%	3%	6%	10%	12%
Diseases of the musculoskeletal system and connective tissue	0%	2%	4%	1%	2%	12%	13%
Endocrine, nutritional and metabolic diseases, and immunity disorders	1%	3%	4%	3%	4%	6%	3%
Diseases of the genitourinary system	1%	2%	2%	2%	3%	3%	4%
Neoplasms (Cancer)	0%	4%	0%	1%	1%	4%	4%
Diseases of the skin and subcutaneous tissue	1%	2%	1%	1%	3%	4%	2%
Diseases of the nervous system and sense organs	1%	9%	2%	1%	2%	2%	2%
Diseases of the blood and blood-forming organs	0%	2%	2%	1%	1%	1%	1%
Certain conditions originating in the perinatal period	5%	0%	0%	0%	0%	0%	0%
Congenital anomalies	1%	2%	2%	0%	0%	0%	0%
Symptoms, signs and ill-defined	1%	7%	3%	1%	1%	2%	2%
Grand Total	100%	100%	100%	100%	100%	100%	100%

* Cell suppressed due to non-zero count less than 6; Figures for Arizona may be rounded to the nearest 10 visits in order to protect confidentiality. Facilities included: Summit Healthcare, Little Colorado Medical Center, and

ChangePoint Integrated Health. ChangePoint does not have an emergency department, so it is included in inpatient counts only. Source: Arizona Department of Health Services, Bureau of Public Health Statistics, Arizona Health Status and Vital Statistics 2016 Annual Report.

<http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties>

Cancer Rates per 100,000 Residents by Race/Ethnicity, Age-Adjusted, Navajo County, 2011-15

	Male	Female	Total
White, not Hispanic	410.5	363.6	385.1
Hispanic	204.6	275.3	236.0
American Indian, not Hispanic	329.9	258.9	285.2
Total	373.0	316.2	341.2

Rates are number of newly diagnosed cancer patients (incidence) divided by the number of residents per 100,000 residents. Source: Arizona Cancer Registry, 2011-2015. Updated 2/20/18.
http://healthdata.az.gov/query/module_selection/azcr/AzCRSelection.html

Number of Cancer Diagnoses by Age and Sex, Navajo County, 2011-15

	Male	Female	Total
Total	1,092	974	2,066
Under 19	22	9	15
20-24 years	8	8	16
25-29 years	11	13	24
30-34 years	12	8	20
35-39 years	11	22	33
40-44 years	12	50	62
45-49 years	45	61	106
50-54 years	60	78	138
55-59 years	105	102	207
60-64 years	139	129	268
65-69 years	169	134	303
70-74 years	188	128	316
75-79 years	147	101	248
80-84 years	99	56	155
85+ years	64	75	139

Includes cancer patients diagnosed between 2011-15, inclusive. Source: Arizona Cancer Registry, 2011-2015. Updated 2/20/18.
http://healthdata.az.gov/query/module_selection/azcr/AzCRSelection.html

Cancer Rates per 100,000 Residents by Type/Site and Sex, Age-Adjusted, Navajo County Residents, 2011-15

	Male	Female	Total
Total	373.0	316.2	341.2
Breast	1.5	80.0	42.2
Lung and Bronchus	40.3	32.8	36.3
Prostate	71.9	*	33.5
Colorectal	39.6	23.9	31.4
Other	34.3	22.1	28.1
Kidney/Renal Pelvis	24.0	12.8	18.2
Thyroid	7.4	28.5	17.8
Cutaneous Melanoma	18.2	10.1	13.7
Non-Hodgkin's Lymphoma	18.2	9.1	13.6
Corpus Uteri and Uterus	*	24.0	12.5
Urinary Bladder	20.6	4.4	12.0
Leukemia	15.8	8.0	11.5
Stomach	14.3	4.2	8.9
Oral Cavity	12.6	5.4	8.7
Liver and Intrahepatic Bile Duct	12.0	5.5	8.6
Pancreas	7.6	6.5	7.0
Brain and Other Nervous System	6.6	7.0	6.9
Ovary	*	10.9	5.6
Myeloma	4.5	3.2	3.9
Esophagus	6.1	1.8	3.8
Cervix Uteri	*	7.0	3.5
Testis	6.8	*	3.5
Gallbladder and Other Biliary	4.1	1.8	3.0
Larynx	1.2	2.7	2.0
Bones and Joints	1.8	1.2	1.5
Anus, Anal Canal and Anorectum	0.9	1.4	1.2
Small Intestine	0.4	1.6	1.0
Mesothelioma	1.4	*	0.7
Hodgkin's Lymphoma	0.8	0.2	0.5
Kaposi Sarcoma	0.4	*	0.2

Rates are number of newly diagnosed cancer patients (incidence) divided by the number of residents multiplied by 100,000.

Source: Arizona Cancer Registry, 2011-2015. Updated 2/20/18.

http://healthdata.az.gov/query/module_selection/azcr/AzCRSelection.html

Cancer Rates per 100,000 Residents by Sex and Year, Age-Adjusted, Navajo County Residents

Year	Male	Female	Total
1995	380	294	334
1996	523	290	397
1997	559	339	438
1998	545	302	410
1999	397	280	335
2000	342	308	324
2001	427	306	362
2002	369	312	338
2003	396	339	364
2004	375	350	364
2005	444	301	366
2006	368	353	360
2007	406	350	377
2008	383	330	351
2009	407	325	359
2010	392	306	344
2011	427	306	359
2012	325	347	333
2013	411	328	367
2014	342	304	323
2015	368	289	325

Rates are number of newly diagnosed cancer patients (incidence) divided by the number of residents multiplied by 100,000. Source: Arizona Cancer Registry, 2011-2015. Updated 2/20/18.
http://healthdata.az.gov/query/module_selection/azcr/AzCRSelection.html

HIV/AIDS by Sex, Race/Ethnicity, and Mode of Transmission

Trend/Disparities	Incidence			Prevalence			
	Number			Number	Rate per 100,000	Number	Rate per 100,000
	Navajo County			Navajo County		Arizona	
	2006-2010	2011-2015	2016	2016			
Male	27	37	8	109	200.8	14,969	441.4
Female	7	8	3	30	55.6	2,493	72.5
Under 25	7	9	2	6	14.8	613	26.7
25-44	18	21	4	53	215.9	5,871	334.5

45-59	6	8	4	60	295.8	8,169	644.1
60 and older	3	7	1	20	79.8	2,792	185.0
Age unknown						17	NA
White, not Hispanic	3	7	2	37	80.6	9,007	232.3
Hispanic	2	1	1	7	57.6	4,875	232.3
American Indian	27	35	8	85	178.0	682	237.4
Other	2	2	0	10		2,898	NA
Mode of Transmission							
Men having sex with men	14	24	5	65	NA	10,659	NA
Injecting drugs	6	9	2	26	NA	1,671	NA
Men having sex with men and Injecting drug use	7	5	1	23	NA	1,441	NA
Heterosexual	3	3	0	16	NA	1,936	NA
Other/Unknown	4	4	3	9	NA	1,755	NA
Arizona Department of Health Services, 2017 Arizona HIV/AIDS Epidemiology Annual Report http://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/disease-integrated-services/hiv-epidemiology/reports/2017/annual-report.pdf							

Mortality

Percent of Deaths by Community and Selected Causes of Death, 2016										
	All causes	Cardio-vascular diseases	Lung cancer	Breast cancer	Motor vehicle accident	Homicide	Suicide	Injury by firearms	Drug-induced deaths	Alcohol-induced deaths
Arizona	56,480	28%	5%	2%	2%	1%	2%	2%	3%	2%
HOPI TRIBE	94	20%	0%	0%	9%	*	*	0%	*	11%
NAVAJO NATION	809	17%	*	1%	7%	2%	2%	1%	1%	13%
SHOW LOW	317	27%	6%	*	*	*	3%	3%	5%	2%
SNOWFLAKE / HEBER	181	29%	4%	*	*	*	3%	4%	*	*
WHITE MOUNTAIN APACHE TRIBE	112	21%	0%	*	7%	*	6%	0%	*	19%
WINSLOW	186	22%	*	*	*	*	6%	*	4%	7%
*Fewer than 6 individuals were in the cell and the exact number was suppressed to protect confidentiality. Source: Arizona Department of Health Services, <i>Arizona Health Status and Vital Statistics 2016 Annual Report</i> .										

Infant Mortality - Number and Rates, 2006-16 (11 Year Period)

	Total number of infant deaths	Infant mortality rate
Navajo County	74	6.0
Arizona	5,942	6.0
Courtesy of Arizona Department of Health Services, Bureau of Public Health Statistics, unpublished data.		

Live Births and Infant Mortality, Navajo County, AZ, 2006-2016

	Number of Live Births		Infant Mortality (per 1,000 Live Births)	
	Navajo County	Arizona	Navajo County	Arizona
2006	1,877	102,042	4.8	6.3
2007	2,012	102,687	10.9	6.8
2008	1,944	99,215	8.7	6.3
2009	1,893	92,616	4.8	5.9
2010	1,737	87,053	5.2	6.0
2011	1,642	85,190	8.5	5.9
2012	1,633	85,725	8.6	5.8
2013	1,554	84,963	4.5	5.3
2014	1,609	86,648	6.8	6.2
2015	1,517	85,024	8.6	5.6
2016	1,498	84,404	6.0	5.4

Arizona Department of Health Services, *Vital Statistics Trends in Arizona*, 2006-16.
<https://pub.azdhs.gov/health-stats/menu/info/trend/index.php?pg=infant-deaths>

Age-Adjusted Death Rates for Leading Causes of Death

Navajo County and Arizona Residents, 2016

**PER 100,000
TOTAL
POPULATION
(BOTH GENDERS):**

**PER 100,000
MALES:**

**PER 100,000
FEMALES:**

	Navajo County	Arizona	Navajo County	Arizona	Navajo County	Arizona
Total, all causes	844.6	696.6	1047.9	824.8	653.3	581.1
Cardiovascular disease	192.6	190.8	252.5	230.7	141.6	155.9
Cancer	136.1	140.7	162.0	166.3	116.1	120.0
Accident	100.6	53.7	154.3	73.1	45.6	34.9
Chronic lower respiratory diseases	44.5	45.0	52.5	47.6	38.0	42.9
Chronic liver disease/cirrhosis	40.0	15.1	54.2	19.8	26.5	10.8
Suicide	32.0	17.7	49.0	28.0	14.3	7.9
Diabetes	27.9	24.5	29.2	31.5	26.5	18.4
Cerebrovascular disease	23.7	30.7	23.1	29.9	24.5	30.9
Alzheimer's disease	22.9	37.3	22.3	31.1	22.4	41.5
Influenza and pneumonia	18.5	10.4	17.8	11.8	18.0	9.4
Nephritis	14.8	5.8	14.6	6.9	14.2	4.9
Septicemia	13.3	6.2	19.8	7.1	7.8	5.5
Hypertension/hypertensive renal disease	11.3	12.2	16.0	13.4	7.1	11.0
Homicide	10.1	6.3	15.6	9.9	4.5	2.5
Parkinson's disease	5.4	8.7	10.2	12.9	1.5	5.4
HIV disease	0.0	1.4	0.0	2.5	0.0	0.4
Injury by firearms	22.3	15.3	33.6	25.6	10.8	5.4
Drug-induced deaths	22.9	20.1	36.7	26.6	8.7	13.5
Opioid-induced deaths ⁺⁺	6.2	11.1	10.0	14.5	2.2	7.6
Other drug induced deaths		9.0				
Alcohol-induced deaths	65.9	17.6	101.8	25.5	30.4	10.2
AVERAGE AGE AT DEATH	68.1	72.9	65.6	70.3	71.6	75.9
MEDIAN AGE AT DEATH	72.0	76.0	69.0	73.0	76.0	79.0
Source: Arizona Department of Health Services. Bureau of Public Health Statistics, Arizona Health Status and Vital Statistics 2016 Annual Report. http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties						

Number Of Deaths By Race/Ethnicity, Gender, And County Of Residence, Arizona, 2016						
	Navajo County			Arizona		
	Total ^a	Male	Female	Total ^a	Male	Female
All groups	1,010	592	418	56,480	30,431	26,046
American Indian or Alaska Native	410	241	169	2,350	1,370	980
White non-Hispanic	551	326	225	44,095	23,439	20,653
Hispanic or Latino	40	20	20	7,343	4,154	3,189

Race/ethnic groups with 10 or fewer deaths not included. Figures for Arizona are rounded to the nearest ten individuals. ^a Includes records with unknown gender; ^b Total for all groups includes records with unknown race/ethnicity. Source: Arizona Department of Health Services. Bureau of Public Health Statistics, Arizona Health Status and Vital Statistics 2016 Annual Report.

<http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties>

Death Rate Per 100,000 Residents In Age Group, Navajo County, Arizona

	Number of Deaths		Death Rate per 100,000 residents in age group	
	Navajo County	Arizona	Navajo County	Arizona
<1 year old	6-10**	450	437.0 - 624.2*	520.0
1-4	**	120	**	35.0
5-9	**	50	**	10.8
10-14	**	60	**	13.1
15-19	7	250	86.2	54.2
20-24	17	510	238.5	104.5
25-29	23	600	337.8	128.6
30-34	33	720	541.3	160.9
35-39	28	760	483.0	179.5
40-44	23	850	393.3	203.1
45-49	40	1,442	671.9	349.5
50-54	51	2,181	719.3	505.5
55-59	58	3,160	801.0	743.6
60-64	77	4,130	1,117.9	1,060.0
65-69	95	5,238	1,489.7	1,418.1
70-74	108	5,875	2,240.7	2,061.7
75-79	113	6,440	3,307.0	3,188.1
80-84	109	7,059	5,866.5	5,221.8
85 and older	-	-	12,375.4	12,654.8
85-89	100	7,841		
90-94	82	5,960		
95-99	29	2,360		
100+	**	410		
Age unknown	0	10		

* The exact number of deaths was surpassed to protect confidentiality. A range is shown. ** Cell suppressed due to non-zero count less than 6; Figures for Arizona may be rounded to the nearest 10 visits in order to protect confidentiality. Source: Arizona Department of Health Services. Bureau of Public Health Statistics, Arizona Health Status and Vital Statistics 2016 Annual Report.

<http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties>

2006-2016 Leading Causes of Death, 1-14 years old, Arizona and Navajo County				
	Number		Rates	
	Navajo County	Arizona	Navajo County	Arizona
Total	92	2,684	33.2	18.9
Accident (unintentional injury)	39	891	14.1	6.3
Motor vehicle accident	27	438	9.7	3.1
Accidental drowning and submersion	*	221	**	1.6
Intentional self-harm (suicide)	8	97	2.9	0.7
Assault (homicide)	7	170	2.5	1.2
By discharge of firearms	*	85	**	0.6
By other means	*	85	**	0.6
Influenza and pneumonia	6	48	2.2	0.3
Congenital malformations	*	210	**	1.5
Asthma	*	42	**	0.3
Malignant neoplasms	*	297	**	2.1
Leukemia	*	106	**	0.7
Septicemia	*	32	**	0.2
*Fewer than 6 residents. **Number suppressed to protect confidentiality. Courtesy of Arizona Department of Health Services, Bureau of Public Health Statistics, unpublished data, May 31 2018.				

2006-2016 Leading Causes of Death, 15-19 years old, Arizona and Navajo County, 2006-16				
	Navajo County	Arizona	Navajo County	Arizona
Accidents (unintentional injury)	49	1161	47.5	23.1
Motor vehicle accidents	34	771	32.9	15.3
Accidental poisoning	9	257	8.7	5.1
Accidental drowning and submersion	*	48	**	1.0
Intentional self-harm (suicide)	38	537	36.8	10.7
By discharge of firearms	22	281	21.3	5.6
By other means	16	256	15.5	5.1
Assault (homicide)	11	429	10.7	8.5
By other means	9	95	8.7	1.9
By discharge of firearms	*	334	**	6.6
Malignant neoplasms	*	161	**	3.2
Diseases of the heart	*	52	**	1.0
Total, all causes	120	2866	116.3	57.0
*Fewer than 6 residents. ** Number suppressed to protect confidentiality. Courtesy of Arizona Department of Health Services, Bureau of Public Health Statistics, unpublished data, May 31 2018.				

Rates for the Leading Causes of Death Among Adults 20-44, Navajo County, Arizona, 2016		
	Navajo County	Arizona
Accidents (unintentional injury)	145.2	49.4
Accidental poisoning	66.3	27.1
Motor vehicle accidents	53.7	16.8
Intentional self-harm (suicide)	53.7	20.6
By discharge of firearms	25.3	10.4
By other means	28.4	10.2
Malignant neoplasms	**	13.9
Malignant neoplasm of breast	0.0	2.5
Malignant neoplasm of lymphoid, hematopoietic and related tissue	0.0	1.6
Malignant neoplasm of meninges, brain and other parts of central nervous system	0.0	1.2
Assault (homicide)	**	11.0
By discharge of firearms	**	8.7
By other means	**	2.3
Diseases of heart	**	8.6
Chronic liver disease and cirrhosis	47.4	6.5
Diabetes	**	3.3
Obesity	**	1.9
Cerebrovascular diseases	**	1.6
Human immunodeficiency virus (HIV) disease	0.0	1.2
Total, all causes	391.5	153.3
** Cell suppressed due to rate/ratio/percent based on non-zero count less than 6; ^a All rates are per 100,000 young adults 20-44 years old. Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2016 Annual Report. http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties		

Rates for Leading Causes of Death Among Adults 45-64 Years Old, Navajo County, Arizona, 2016		
	Navajo County	Arizona
Malignant neoplasms	158.3	167.0
Malignant neoplasm of trachea, bronchus and lung	36.8	32.9
Malignant neoplasm of breast	**	15.7
Malignant neoplasm of colon, rectum, and anus	**	16.6
Malignant neoplasm of pancreas	**	13.6
Diseases of heart	143.5	116.9
Accidents (unintentional injury)	106.7	68.5
Accidental poisoning	47.8	32.4
Motor vehicle accidents	22.1	18.2

Falls	25.8	6.9
Chronic liver disease and cirrhosis	73.6	36.3
Diabetes	25.8	34.7
Chronic lower respiratory disease	25.8	28.2
Intentional self-harm (suicide)	29.4	26.6
By discharge of firearms	**	15.7
By other means	**	10.9
Cerebrovascular disease	**	15.6
Essential (primary) hypertension and hypertensive renal disease	**	9.9
Influenza and pneumonia	**	9.1
Viral hepatitis	**	9.0
Septicemia	**	6.6
Assault (homicide)	22.1	5.5
By discharge of firearms	**	3.6
By other means	**	2
Nephritis, nephrotic syndrome and nephrosis	**	4.2
Human immunodeficiency virus (HIV) disease	0	3.6
Total, all causes	831.7	657.8
** Cell suppressed due to rate/ratio/percent based on non-zero count less than 6; ^a All rates are per 100,000 middle-aged adults 45-64 years old. Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2016 Annual Report. http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties		

Rates for Leading Causes of Death Among Adults, 65 Years and Older, Navajo County, ARIZONA, 2016		
	Navajo County	Arizona
Diseases of heart	781.2	861.8
Malignant neoplasms	720.7	773.8
Malignant neoplasm of trachea, bronchus and lung	115.5	189.9
Malignant neoplasm of lymphoid, hematopoietic and related tissue	60.5	79.2
Malignant neoplasm of colon, rectum, and anus	88.0	67.4
Malignant neoplasm of pancreas	44.0	59.3
Malignant neoplasm of prostate ^b	152.0	122.0
Malignant neoplasm of breast	33.0	47.8
Chronic lower respiratory disease	275.1	292.8
Alzheimer's disease	148.5	271.5
Cerebrovascular disease	137.5	199.2
Accidents (unintentional injury)	126.5	130.3
Falls	66.0	86.7
Motor vehicle accidents	**	16.5
Diabetes	137.5	121.3

Essential (primary) hypertension and hypertensive renal disease	49.5	74.0
Parkinson's disease	33.0	62.1
Influenza and pneumonia	99.0	59.7
Nephritis, nephrotic syndrome and nephrosis	71.5	35.9
Septicemia	66.0	32.8
Total, all causes	3526.4	3669.5
** Cell suppressed due to rate/ratio/percent based on non-zero count less than 6;		
^a All rates are per 100,000 elderly 65 years and older; ^b The rates for prostate cancer are per 100,000 males.		
Source: Arizona Department of Health Services, Arizona Health Status and Vital Statistics 2016 Annual Report.		
http://pub.azdhs.gov/health-stats/report/ahs/ahs2016/index.php?pg=counties		

Leading Causes of Death by Race/Ethnic Group, Navajo County, 2006-2016						
	American Indian or Alaska Native	Hispanic or Latino	White, non Hispanic	American Indian or Alaska Native	Hispanic or Latino	White, non Hispanic
Total deaths	2,832	531	5,122	551.2	403.7	1026.3
Major cardiovascular diseases	488	126	1,452	95.0	95.8	290.9
Diseases of heart	373	87	1,100	72.6	66.1	220.4
Coronary heart disease	253	65	807	49.2	49.4	161.7
Malignant neoplasms (cancer)	324	100	1,205	63.1	76.0	241.5
Malignant neoplasm of trachea, bronchus and lung	18	24	313	3.5	18.2	62.7
Malignant neoplasm of colon, rectum, and anus	25	10	138	4.9	7.6	27.7
Malignant neoplasm of breast	22	12	83	4.3	9.1	16.6
Malignant neoplasm of prostate	24	-	88	4.7	0.0	17.6
Malignant melanoma of skin	-	-	23	0.0	0.0	4.6
Malignant neoplasm of cervix uteri	7	-	9	1.4	0.0	1.8
Total accidents	489	55	340	95.2	41.8	68.1
Motor vehicle accidents	224	27	103	43.6	20.5	20.6
Falls	53	10	54	10.3	7.6	10.8
Accidental poisoning	118	10	109	23.0	7.6	21.8
Accidental drowning and submersion	10	-	-	1.9	0.0	0.0
Chronic lower respiratory diseases	39	18	408	7.6	13.7	81.8
Cerebrovascular diseases	73	31	236	14.2	23.6	47.3
Alzheimer's disease	29	10	177	5.6	7.6	35.5
Influenza and pneumonia	114	10	68	22.2	7.6	13.6
Diabetes	143	26	163	27.8	19.8	32.7
Intentional self-harm (suicide)	93	20	138	18.1	15.2	27.7

Chronic liver disease and cirrhosis	171	28	93	33.3	21.3	18.6
Nephritis, nephrotic syndrome and nephrosis	56	10	54	10.9	7.6	10.8
Assault (homicide)	72	10	23	14.0	7.6	4.6
Parkinson's disease	22	-	40	4.3	0.0	8.0
Septicemia	57	-	45	11.1	0.0	9.0
Essential (primary) hypertension and hypertensive renal disease	28	-	53	5.4	0.0	10.6
Human immunodeficiency virus (HIV) disease	10	-	-	1.9	0.0	0.0
Deaths related to firearms, drugs, alcohol						
Injury by firearms	30	10	117	5.8	7.6	23.4
Drug-induced deaths	44	10	141	8.6	7.6	28.3
Alcohol-induced deaths	298	20	96	58.0	15.2	19.2
Some numbers are rounded to the nearest 10 individuals to protect confidentiality. Firearm, drug, and alcohol deaths may come from any other category and thus, are not mutually exclusive from other categories or from each other. Source: Courtesy of Arizona Department of Health Services, Bureau of Public Health Statistics, unpublished data, May 31 2018.						

Cancer Rates per 100,000 Residents by County, 2011-15			
	Male	Female	Total
Mohave	461.1	416.3	437.5
Yavapai	434.9	384.0	406.6
Graham	398.6	419.1	401.1
Maricopa	415.1	379.1	392.8
Arizona	405.4	368.4	383.3
Pima	387.4	366.2	373.3
Coconino	396.6	343.6	366.5
Greenlee	352.7	377.6	361.2
Cochise	391.1	327.4	356.6
Pinal	382.1	330.0	353.0
Yuma	369.3	325.7	346.0
Navajo	373.7	307.3	338.3
Gila	345.2	295.0	317.5
Santa Cruz	322.7	288.7	301.9
La Paz	320.7	268.9	295.6
Apache	297.8	244.8	267.9
Total	405.4	368.4	383.3

Rates are number of newly diagnosed cancer patients (incidence) divided by the number of residents multiplied by 100,000. Source: Arizona Cancer Registry, 2011-2015. Updated 2/20/18. http://healthdata.az.gov/query/module_selection/azcr/AzCRSelection.html

Health Insurance Coverage, Age Groups			
	Navajo County	Arizona	United States
18- to 64-year-olds in Labor Force			
Employed: - No health insurance coverage	24%	17%	14%
Employed: - With health insurance coverage	76%	83%	86%
With private health insurance	58%	75%	79%
With public coverage	22%	11%	9%
Unemployed: - No health insurance coverage	36%	36%	37%
Unemployed: - With health insurance coverage	64%	64%	63%
With private health insurance	15%	32%	38%
With public coverage	52%	35%	28%
18 to 64-years-old – Not in labor force			
No health insurance coverage	20%	20%	18%
With health insurance coverage	80%	80%	82%
With private health insurance	26%	47%	52%
With public coverage	60%	39%	37%
Under 18 years	30,154	1,617,449	73,475,378
No health insurance coverage	12%	10%	6%
Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml			

Individuals in Mental Healthcare, Navajo County Residents by Type, Gender, Child/Adult				
Clients (Unduplicated)				
	Jan-March 2018	Projected 2018	Estimated contacts per client per year	Estimated total contacts 2018
Total	2,872	11,488		
General Mental Health	1,952	7,808	6	46,848
Adult	1,352	5,408		
Female	801	3,204		
Male	551	2,204		
Child (under 18 years old)	600	2,400		

Female	279	1,116		
Male	321	1,284		
Substance Abuse Counseling				
	281	1,124	9	10,116
Female	95	380		
Male	186	744		
Seriously Mentally Ill				
	634	2,536	45	114,120
Female	378	1,512		
Male	256	1,024		
Seriously Emotionally Disabled				
	5	20	40	800
Female	3	12		
Male	2	8		
Source: ChangePoint Integrated Health, unpublished data. "Contact" is counted as one treatment interaction which may include appointments with counselors, group therapy, family therapy, etc. Some contacts are inpatient visits. General mental health includes conditions such as generalized anxiety disorder, mood disorder, and other conditions that are not in their severe forms. Substance abuse counseling includes court-ordered counseling (9 monthly sessions).				

Health Disparities: Multiple Measures

Monitoring Progress Toward 2020 Objectives: Navajo County, Arizona, 2016			
	Navajo County	Arizona	Healthy People Goal
MATERNAL, INFANT AND CHILD HEALTH			
Reduce fetal deaths at 20 or more weeks of gestation	8.6	5.7	5.6
Increase the proportion of pregnant women who receive prenatal care in the first trimester	65.7	68.9	77.9
Reduce low birth weight	8.7	7.3	7.8
Reduce very low birth weight	1.3	1.2	1.4
Reduce preterm births	10.1	9.0	11.4
Increase abstinence from cigarette smoking among pregnant women	89.9	94.4	98.6
Reduce fetal and infant deaths during perinatal period	5.3	5.6	5.9

Monitoring Progress Toward 2020 Objectives: Navajo County, Arizona, 2016			
	Navajo County	Arizona	Healthy People Goal
Reduce infant deaths (Navajo County only - 2010-2016)	6.0	5.4	6.0
Reduce neonatal deaths	*	3.6	4.1
Reduce postneonatal deaths	*	1.8	2.0
RESPONSIBLE SEXUAL BEHAVIOR			
Reduce pregnancies among adolescent females aged 15 to 17 years^a	23.5	12.6	36.2
Reduce gonorrhea rates among females aged 15-44 years^b	601.4	310.3	257/151
Reduce the incidence of primary and secondary syphilis^b	*	10.6	1.4
VACCINE PREVENTABLE DISEASES			
Reduce the rate of hepatitis A	*	0.7	0.3
Reduce the rate of meningococcal disease	0.0	*	0.3
Reduce the rate of tuberculosis	*	2.8	1.0
INJURY AND VIOLENCE			
Reduce firearm-related deaths	22.3	15.3	9.2
Reduce deaths caused by unintentional injuries	100.6	53.7	36.0
Reduce deaths caused by motor vehicle crashes	30.8	13.9	12.4
Reduce deaths from falls	18.6	13.4	45.3
Reduce homicides	10.1	6.3	5.5
Reduce the suicide rate	32.0	17.7	10.2
Reduce the suicide rate among adolescents aged 15 to 19 years	*	12.1	1.7
CANCER			
Reduce the overall cancer death rate	136.1	140.7	160.6
Reduce the lung cancer death rate	24.4	31.4	45.5
Reduce the breast cancer death rate	5.8	10.4	20.6
Reduce the colorectal cancer death rate	16.0	12.9	14.5
Reduce the prostate cancer death rate	10.5	8.3	21.2
DIABETES			
Reduce the diabetes-related death rate	90.6	65.5	65.8
HEART DISEASE AND STROKE			
Reduce coronary heart disease deaths	99.6	106.2	100.8
Reduce stroke deaths	23.7	30.7	33.8
RESPIRATORY DISEASES			
Reduce deaths from chronic lower respiratory disease among adults aged 45 years and older	115.4	122.8	98.5
HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE			

Monitoring Progress Toward 2020 Objectives: Navajo County, Arizona, 2016

	Navajo County	Arizona	Healthy People Goal
Reduce the number of new HIV/AIDS cases per 100,000 population	10.0	11.4	13.0
Reduce deaths from HIV disease	0.0	1.4	3.3
SUBSTANCE ABUSE			
Reduce cirrhosis deaths	40.0	15.1	8.2
Reduce drug-induced deaths	22.9	20.1	11.3

* When there are 6 or fewer cases in a particular category, no number is provided in order to protect the confidentiality of cases. Fetal and perinatal death rates were revised in order to include only spontaneous fetal losses and exclude induced terminations of pregnancy. The fetal death rate is per 1,000 live births plus spontaneous fetal losses of 20 or more weeks of gestation. The perinatal death rate is per 1,000 live births plus spontaneous fetal losses of 28 or more weeks of gestation (Perinatal period= 28 weeks of gestation to 7 days after birth). Infant, neonatal, and postneonatal deaths are per 1,000 live births.

All other proportions and ratios are per 100 live births. Preterm births = births prior to 37 completed weeks of gestation; ^a The pregnancy rates are per 1,000 females 15-17 years old; ^b The incidence rates of gonorrhea, primary and secondary syphilis, other communicable diseases are per 100,000 population.

All mortality rates are age-adjusted to the 2000 US standard and expressed per 100,000 population. Diabetes includes all deaths in which diabetes was a primary or contributing factor.

Sources: County Profile, Arizona Department of Health Services, Bureau of Epidemiology and Disease Control Services, Office of Infectious Disease Service, Office of Sexually Transmitted Diseases. the Office of HIV/AIDS Services.

https://pub.azdhs.gov/health-stats/report/ahs/ahs2016/pdf/6b1_10.pdf

Appendix B: Navajo County Asset Map



Notes: Grocery stores = food stores that carried a selection of produce. If one icon shown, there was one facility of this type. Multiple facilities are indicated by the icon and the number of facilities showing next to it. For example, there are 3 grocery stores in Show Low (shopping cart with number “3” above). Community center may be a Chapter House, senior center, or anything else called a “community center.” Marijuana dispensaries include only marijuana retail stores. They do not include 2 farms/production facilities in Snowflake and one in Winslow.



Navajo County Community Health Survey

June 2018

A collaborative effort by:
ChangePoint Integrated Health
Navajo County Public Health
Services District
North Country Healthcare
Northeastern Arizona Innovative
Workforce Solutions
Northland Pioneer College
Summit Healthcare

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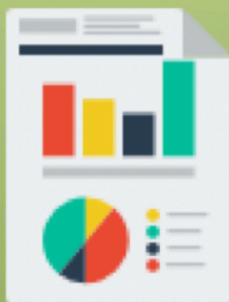
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The Navajo County Community Health Assessment Survey (CHA Survey) was conducted as part of the Community Health Assessment (CHA). The CHA has 4 components:



Review of epidemiological data (e.g. mortality reports, census information)



Meetings with county leaders

Focus groups among residents to hear about residents' experiences with health



Survey among residents to ask about health issues, goals, and priorities. Results of this component are summarized in this report.

1108 surveys were completed.

This is approximately 1% of the county's population.



The survey took an average of **14 minutes** to complete.



The survey was open from **April 5** through **May 23, 2018**



The survey link and flyers were distributed using a **“snowball” method** in which respondents and participating agencies sent the survey link to contacts and these contacts sent it to others.

The survey was also **promoted** through radio ads, a video, flyers and email.

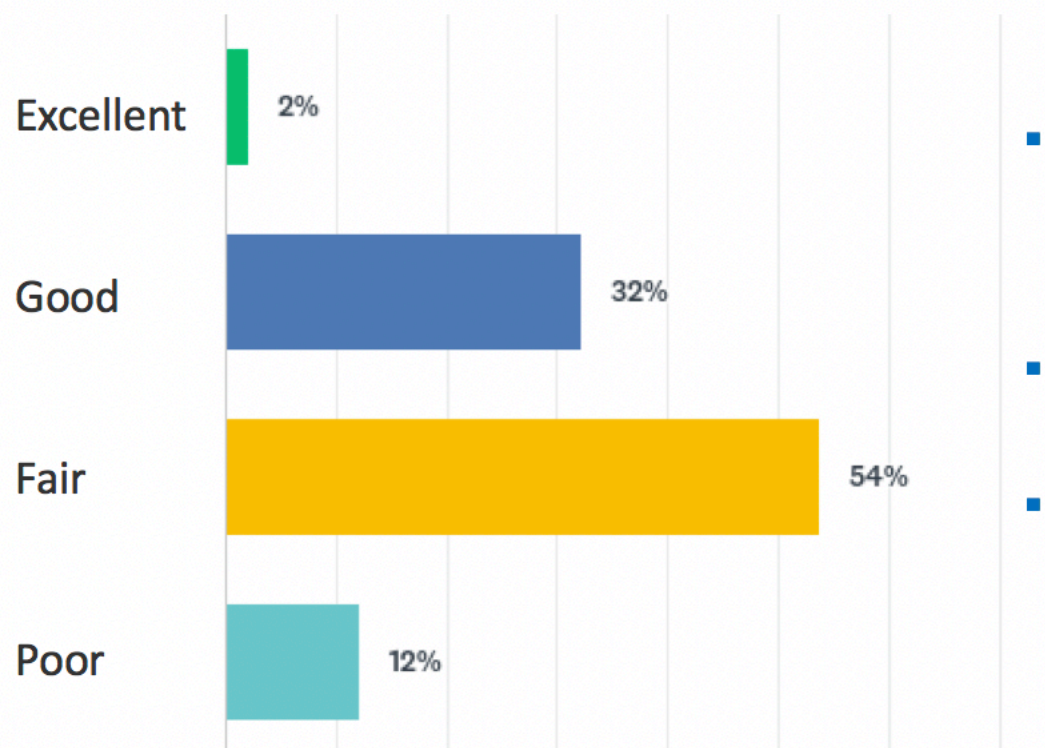


However, the survey can not be considered **statistically representative** of the county because respondents were not selected randomly. However, it offers many meaningful **insights** from community members.



Results – All Respondents

The health of the community is seen as FAIR.

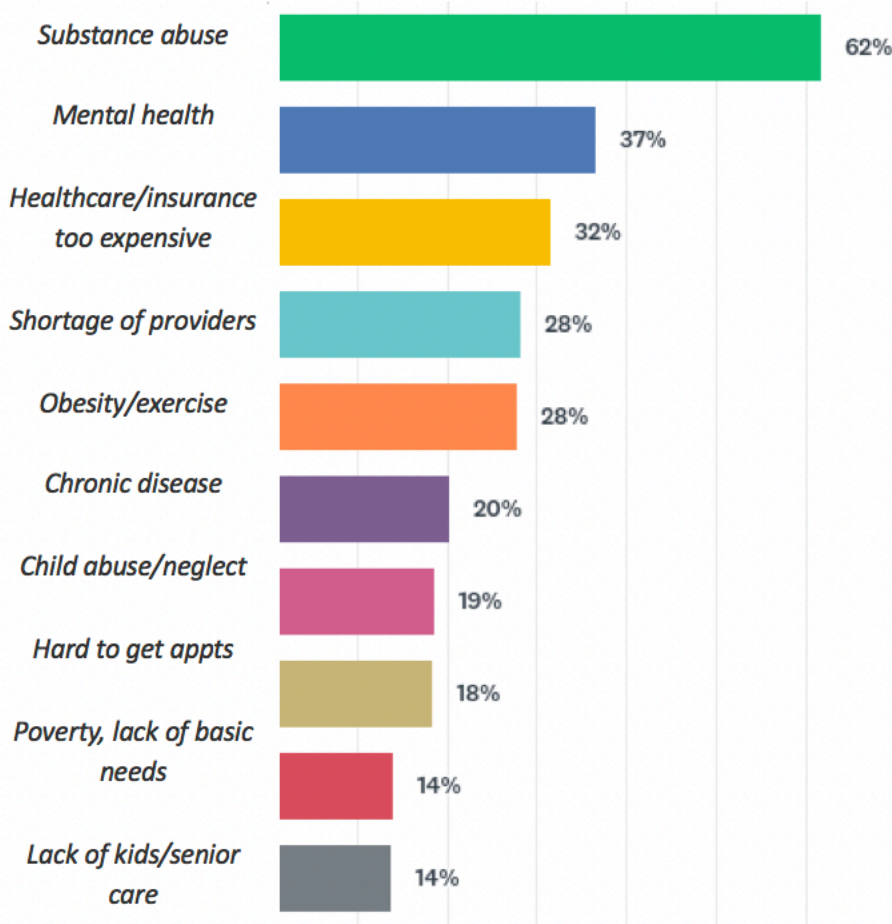


- The majority of survey respondents (54%) selected “Fair” most often when rating the health of the community.
- The “Good” rating was next at 32%.
- 1 in 8 rated the county as “Poor.”

Q3: How would you rate the overall health of the community?

CHA Survey Results - 7

Substance abuse a top issue for Navajo County residents.

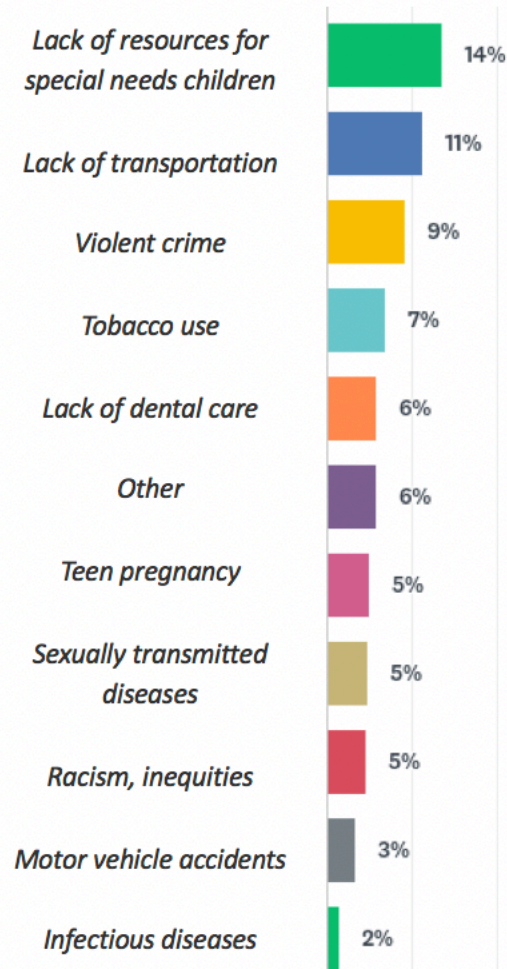


- When presented with a list of health-related issues, the issue selected most often as a top priority was substance abuse – by 62% of respondents. The statement defined substance abuse as including “alcohol, opioids, illegal and prescription drugs.”
- The next most frequently chosen topic was “mental and emotional health” at a much lower level – 37%.
- “Healthcare or health insurance is too expensive” was the third most frequently chosen.

Q4: From the list below, select the three most important health problems or issues in the community. Please read the entire list before selecting. If you do not see an important item on the list, please select "Other" and type in the missing issue. You may add up to three "other" items. {Note: Items were randomly rotated by respondent..}

CHA Survey Results - 8

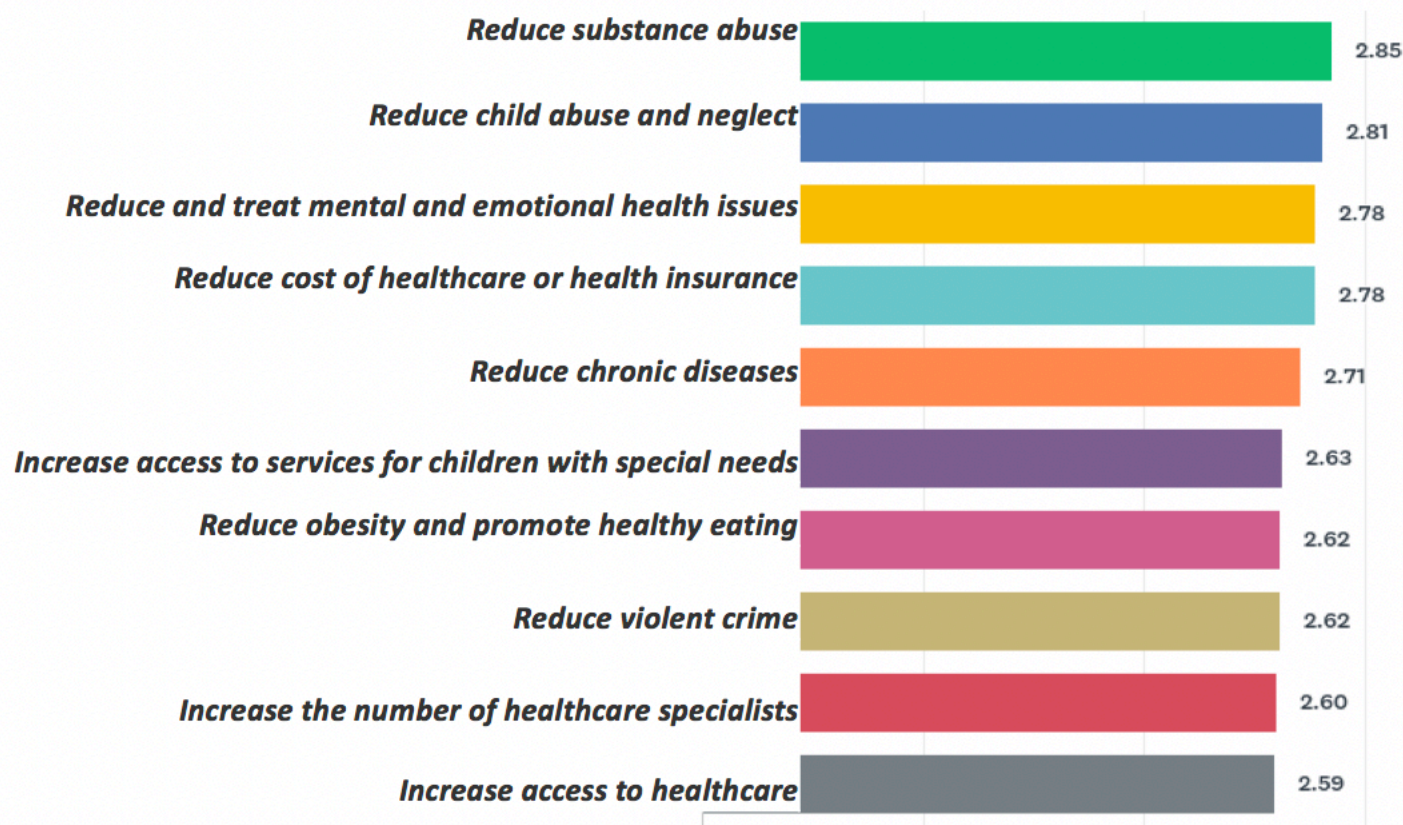
Substance abuse a top issue (continued)



- Racism/health inequities, motor vehicle accidents, and infectious diseases were chosen the least frequently as top priorities.

CHA Survey Results - 9

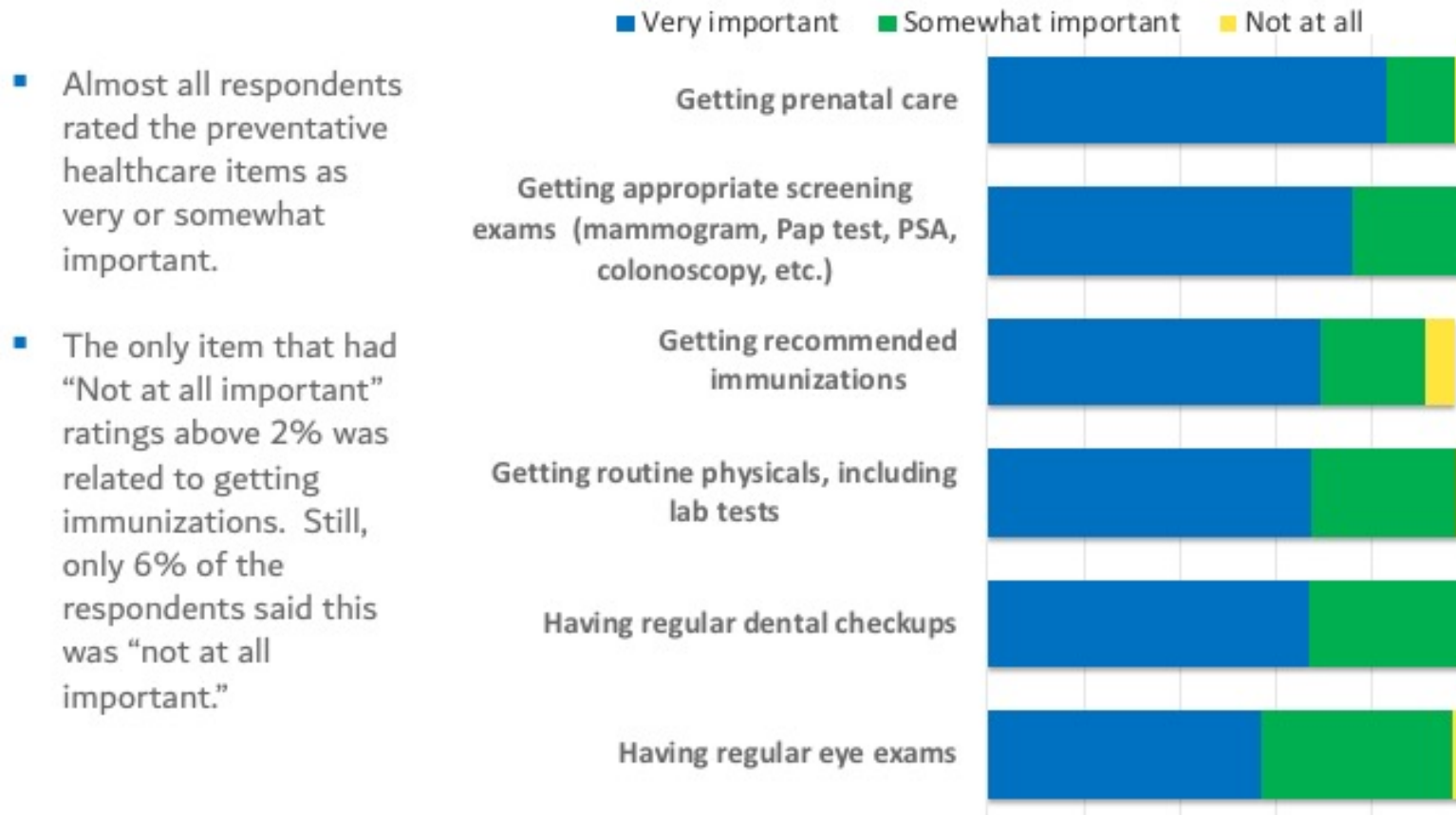
Top goals: Reduce substance abuse, reduce child abuse, prevent and treat mental/emotional health issues selected most often.



Q5: Listed below are ways to improve the health of the community. For each item listed, indicate if it is very important, somewhat important, not at all important to achieve the goal in order to improve the community's health. Select "N/A" if you have no opinion. If you do not see an item on the list, please select "Other" and add the item or items.

CHA Survey Results - 10

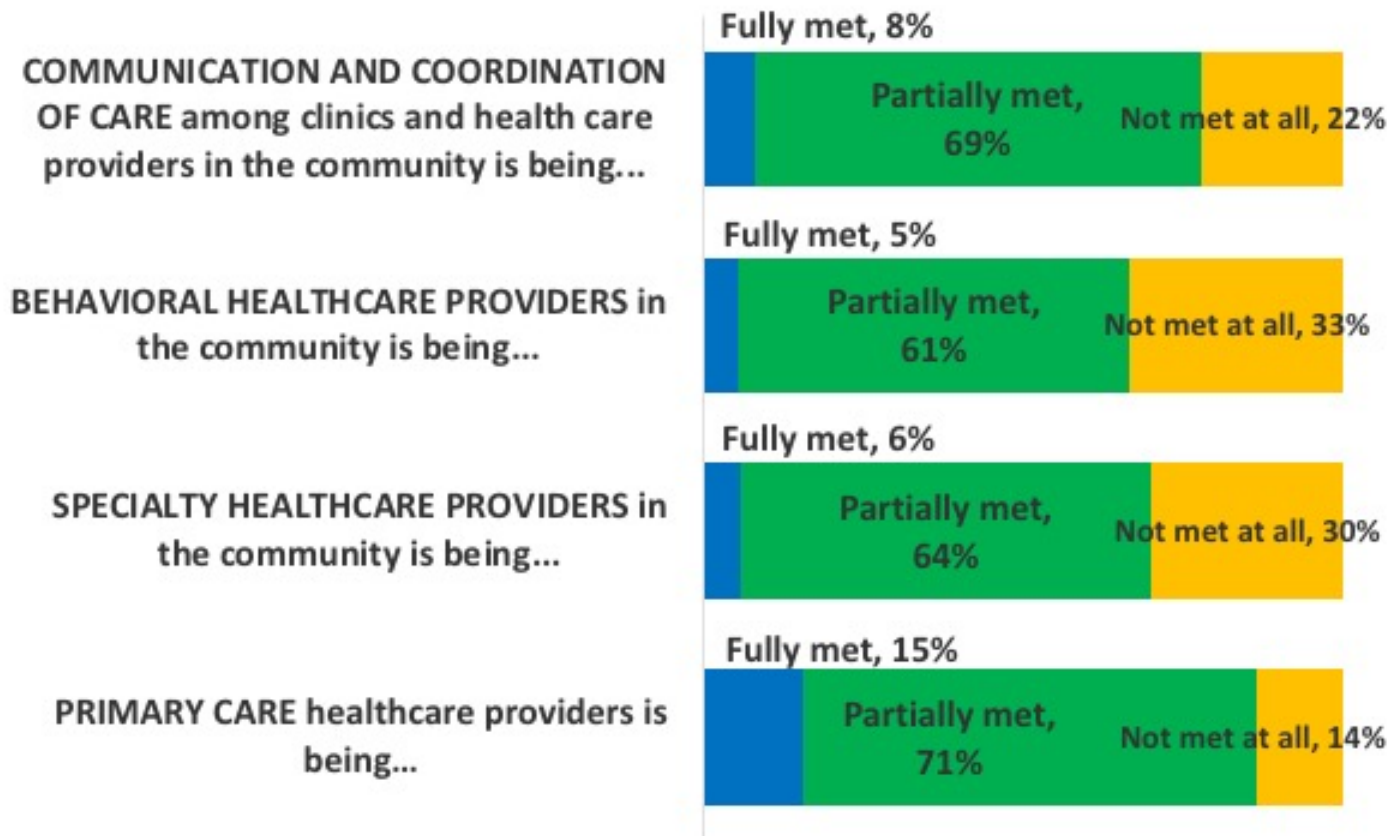
Almost all respondents recognized the importance of preventative health activities (e.g., check-ups).



Q6: Below are some activities related to healthcare. For each item listed, indicate if it is very important, somewhat important, not at all important to improve the community's health.. (No answer/not applicable not shown.)

CHA Survey Results - 11

When it comes to providers and coordination of care, residents feel that needs are being only partially addressed, at best. This was particularly true for behavioral healthcare and specialists.



CHA Survey Results - 12

Most other healthcare needs are being only partially met.

- Overall, most healthcare needs were seen by respondents as partially met.
- Hospital care (ER/inpatient) and testing for outpatients was most likely to be seen as being met.
- Care for substance abuse and services for children with special needs were the least.

Average score shown.

3=Fully met, 2=Partially met, 1=Not met at all

Q11: Please rate how well the need for each of these health care services is being met in the community. Select "N/A" if you have no opinion or don't know. Full wording of each option is shown in the tables and survey instrument at the end of the report.

Hospital ER/inpatient, 2.29

Outpatient testing, 2.26

Urgent care, 2.18

Hospice, 2.16

Rehabilitation, 2.03

Home health care, 1.9

Mental/emotional healthcare, 1.77

Children w/special needs services, 1.76

Substance abuse services, 1.75

The graph shows most fully met needs at the top and least met at the bottom..

CHA Survey Results - 13

Most specialty healthcare needs are being partially met.

- As was the case with other healthcare needs, most were seen as partially met.
- Respondents indicated that ambulance services and prescriptions drugs were most fully met in the community.
- Alternative medicine, dialysis, and assisted living were least likely to be rated as fully met needs.

Ambulance services, 2.50

Prescription drugs, 2.46

Chiropractic care, 2.41

Dental care, 2.37

Medical equipment, 2.17

Nursing home care, 1.93

Kidney dialysis, 1.91

Assisted living, 1.91

Alternative medicine, 1.77

The graph shows most fully met needs at the top and least met at the bottom..

Average score shown.

3=Fully met 2=Partially met 1=Not met at all

Q12: Please rate how well the need for these health care services is being met in the community.

CHA Survey Results - 14

According to respondents, racial/ethnic minorities were most likely to be having healthcare needs fully met, while individuals without health insurance were the least likely.

- According to respondents, racial/ethnic groups and visitors were most likely to be having their healthcare needs met.
- Individuals with disabilities and those without health insurance were the least likely.

Racial and ethnic minorities, 2.17

Visitors/seasonal residents, 2.16

Children, 2.07

Young families, 2.05

Seniors, 2.00

Low income residents, 1.98

Indvls w/disabilities, 1.93

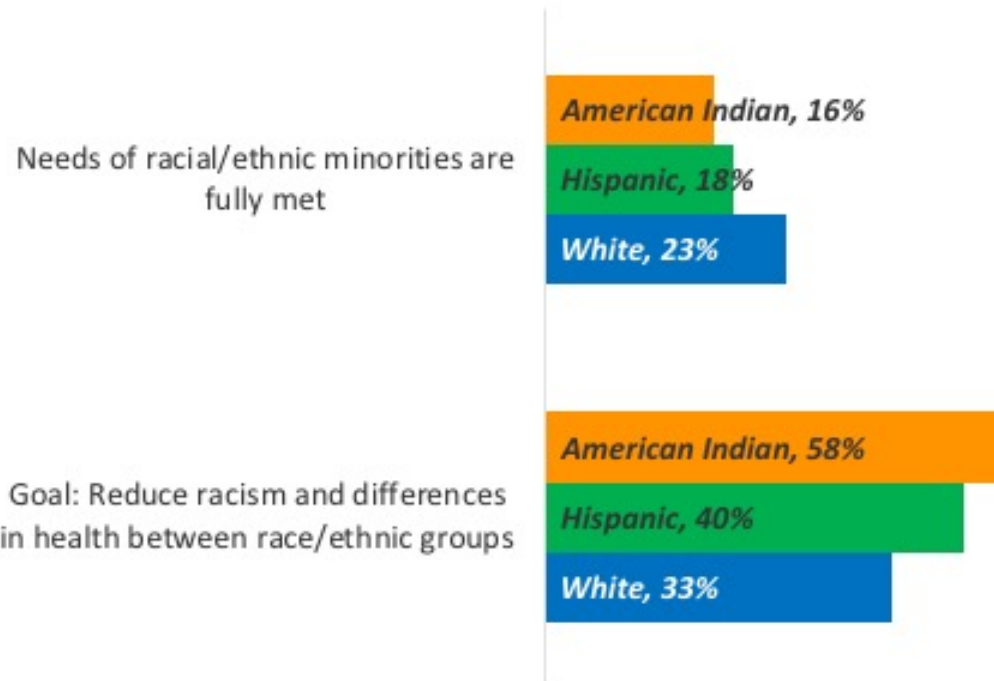
Indvls w/out health insurance, 1.79

The graph shows most fully met needs at the top and least met at the bottom..

Q13: For each group below, please rate how well healthcare services in the community are meeting the needs of these groups of residents. Are the healthcare needs of _____ being fully met, partially met, not met at all?

CHA Survey Results - 15

Racial/ethnic groups perceive that their needs may not be met as fully.

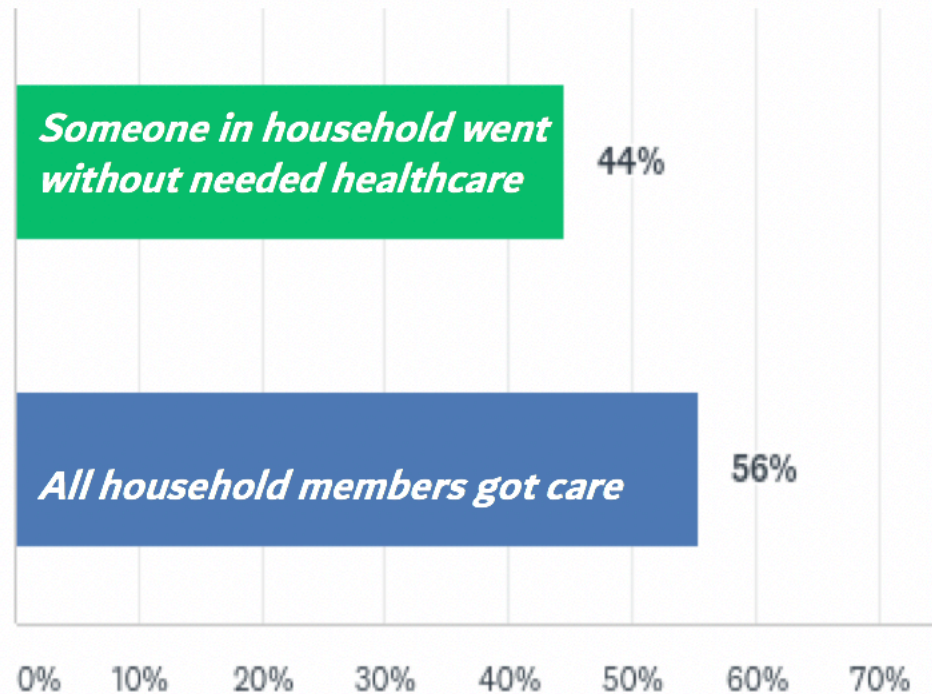


- Hispanic and American Indian respondents were much less likely to say that the needs of racial/ethnic minorities are fully met.
- In addition, when asked to select important goals (Q5), the goal related to racism and health disparities scored low among the total sample. However, American Indian and Hispanic respondents were much more likely to choose it.

CHA Survey Results - 16

Some residents don't get healthcare even when they need it.

- Almost half of the respondents (44%) said they did not get needed healthcare for a member of the household.



Q17: In the past 12 months, did you or anyone else in your household go without getting health care services that they needed?

CHA Survey Results - 18

Almost all respondents needed healthcare for themselves or household member at least once in the past 12 months.

Q15: In the past 12 months, did you or anyone in your household need health care services for any reason (illness, check-up, etc.)?

Needed healthcare past 12 months, 95%

...And it was common for many to travel more than 40 miles for healthcare.

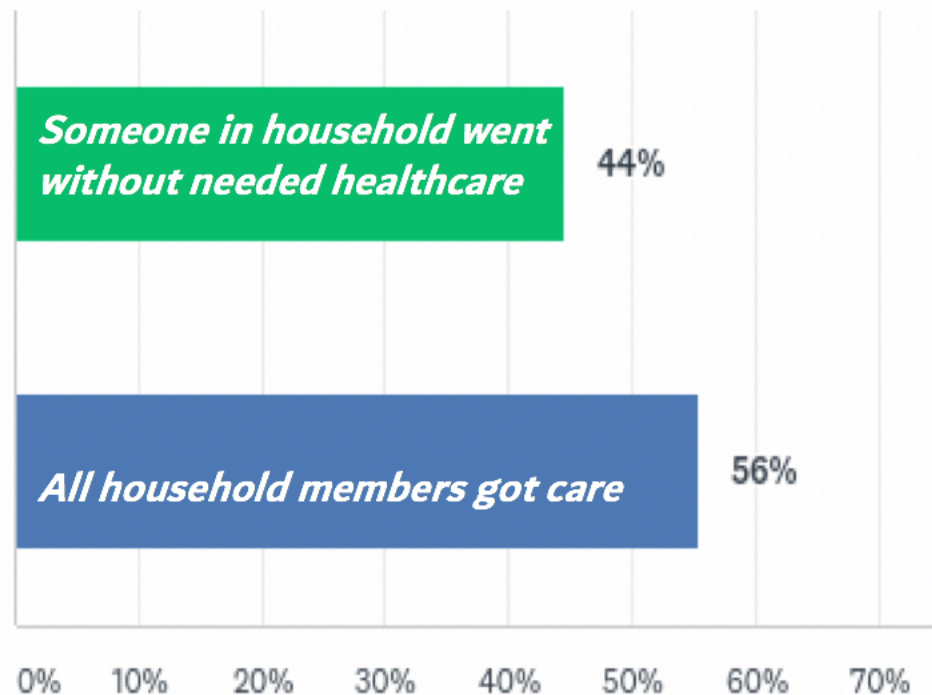
Q16: In the past 12 months, did you or anyone in your household have to travel more than 40 miles in order to receive the health care services they needed?

Needed to travel more than 40 miles for care, 64%

CHA Survey Results - 17

Some residents don't get healthcare even when they need it.

- Almost half of the respondents (44%) said they did not get needed healthcare for a member of the household.



Q17: In the past 12 months, did you or anyone else in your household go without getting health care services that they needed?

CHA Survey Results - 18

The most common reasons for not getting care were the cost and that the service can't be found locally.

Service too expensive, 52%

Service not available locally, 52%

Health insurance too expensive, 36%

No convenient appts, 33%

Not satisfied w/providers, 32%

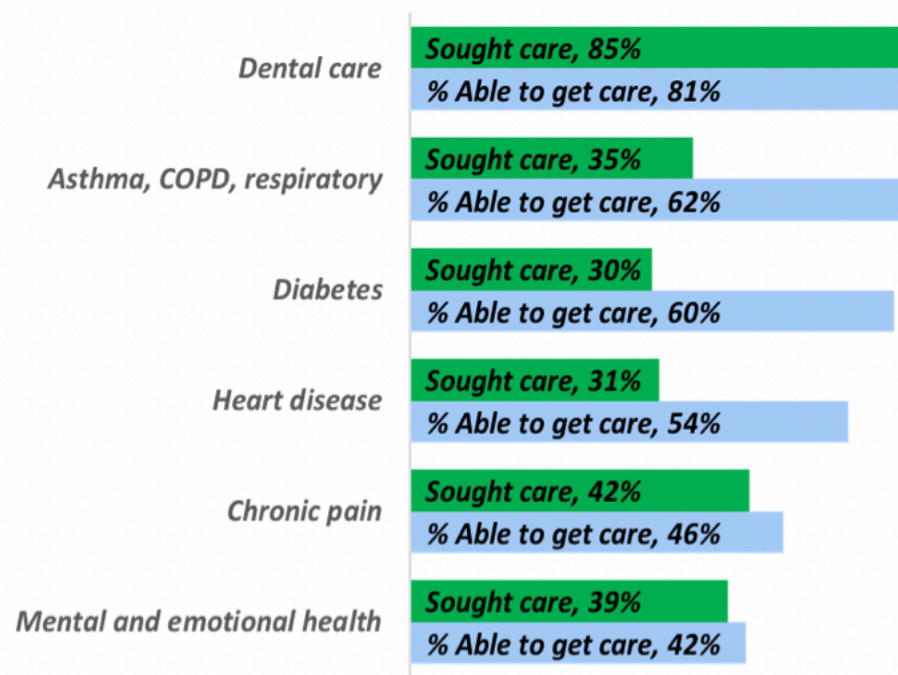
Co-pay too expensive, 30%

- When respondents were asked why they didn't get healthcare when needed, the cost of the service and the local availability were chosen by more than half of respondents who didn't get care.

Q18: From the list below, select the reasons that prevented you or a member of your household from getting the care needed during the past 12 months. Check all that apply. Only top rated choices shown.

CHA Survey Results - 19

Dental care was the type of care that most respondents sought and most were able to get.



- Dental care was accessible to 81% of respondents who sought it and some could find healthcare for respiratory diseases and diabetes, and heart disease.
- However, fewer than half of the respondents could get the care they sought for the remaining conditions on the list.

Chart continued next page

Q19: Please indicate if you or a member of your household were able to get the specific healthcare services mentioned below when needed in the past 12 months. Select "N/A" if the item does not apply to you or your household members. In the past 12 months, were you/your household members able to get healthcare services for...

CHA Survey Results - 20

It was hard to find care for many conditions, including Alzheimer's, substance abuse, stroke, cancer and more.

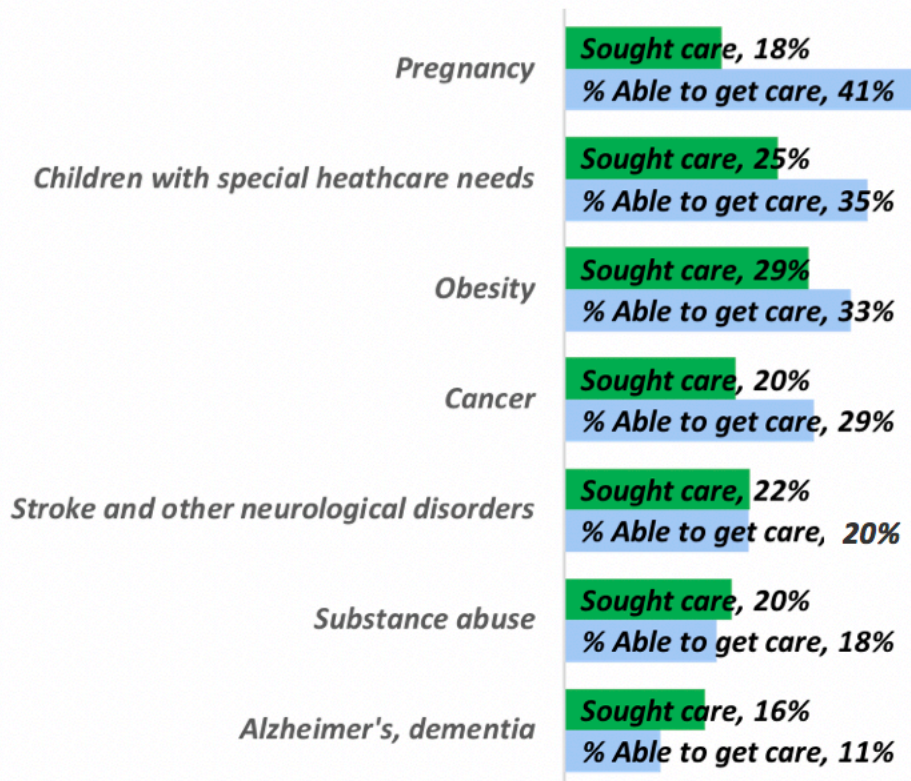


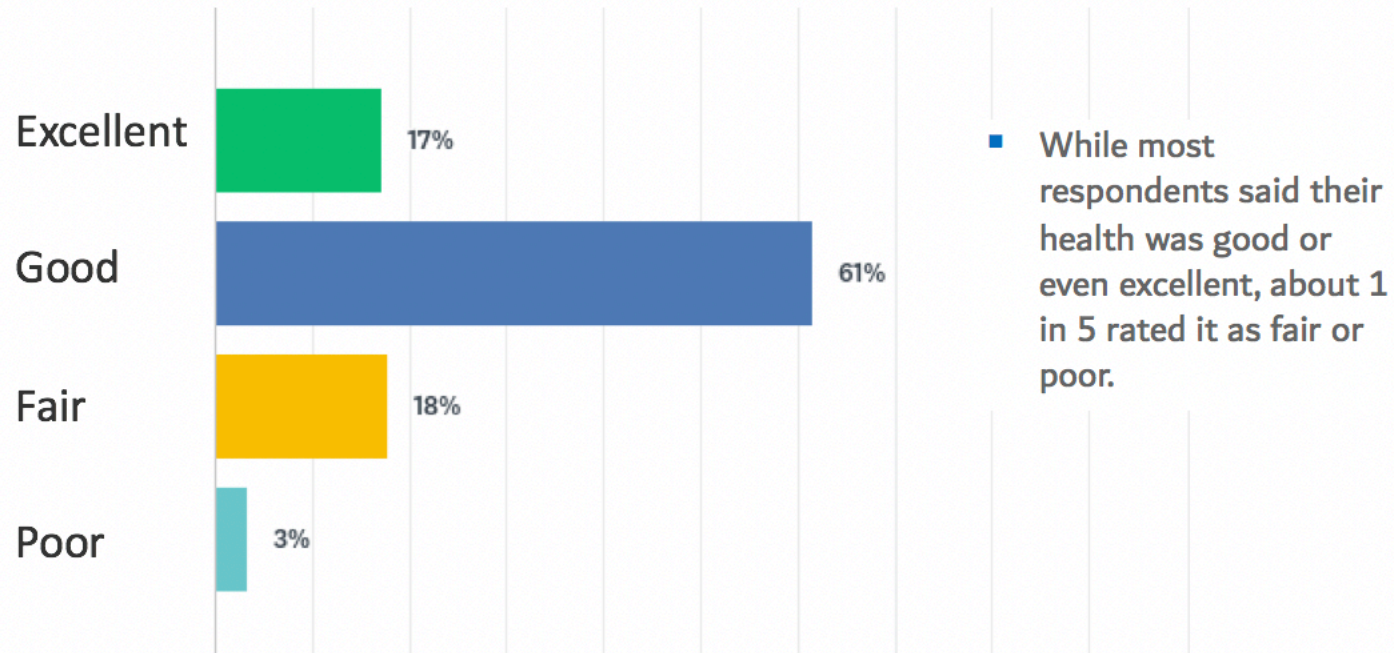
Chart continued from previous page

Q19: Please indicate if you or a member of your household were able to get the specific healthcare services mentioned below when needed in the past 12 months. Select "N/A" if the item does not apply to you or your household members. In the past 12 months, were you/your household members able to get healthcare services for...

- And for other types of care, very few could get the care they sought – for substance abuse and Alzheimer's for example.
- It should be noted that there were also fewer people seeking care for these conditions, suggesting that there may be less of a demand for such services.

CHA Survey Results - 21

Most rate their own health as good or excellent.

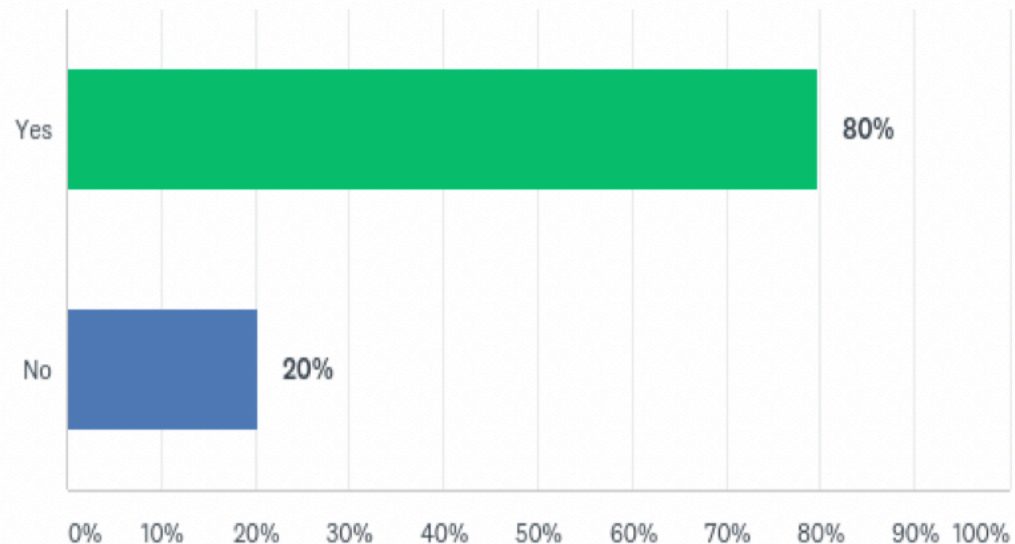


Q20: The last few questions are about you and your health. How would you rate your own health?.

CHA Survey Results - 22

Most residents have a primary care provider that they can contact for illnesses or check-ups.

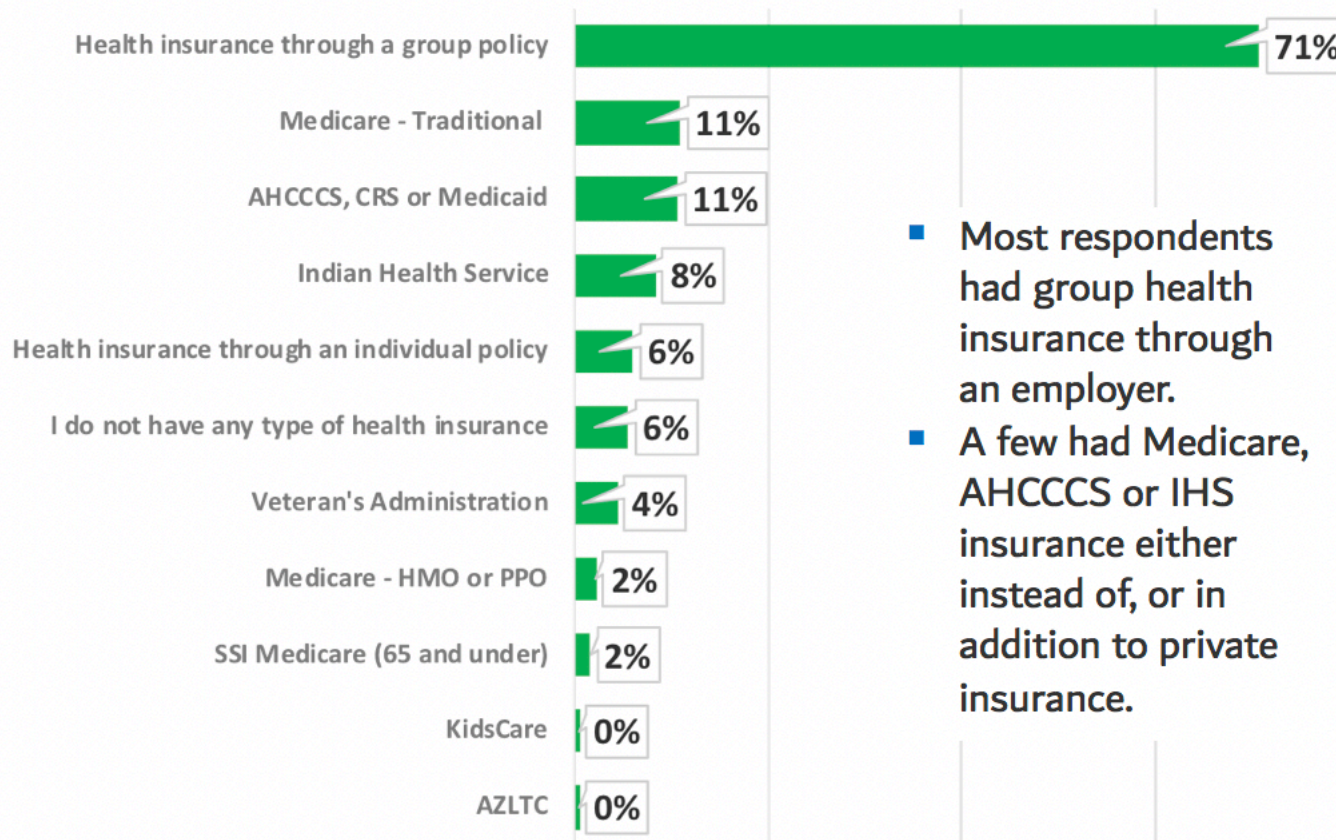
- 4 of 5 respondents had a primary care provider.
- 1 of 5 do not have a provider they see regularly.



Q21: Do you currently have a doctor or other medical provider that you consider to be your primary care provider? This would be the provider that you call or go to whenever you are sick or need a check-up, etc.

CHA Survey Results - 23

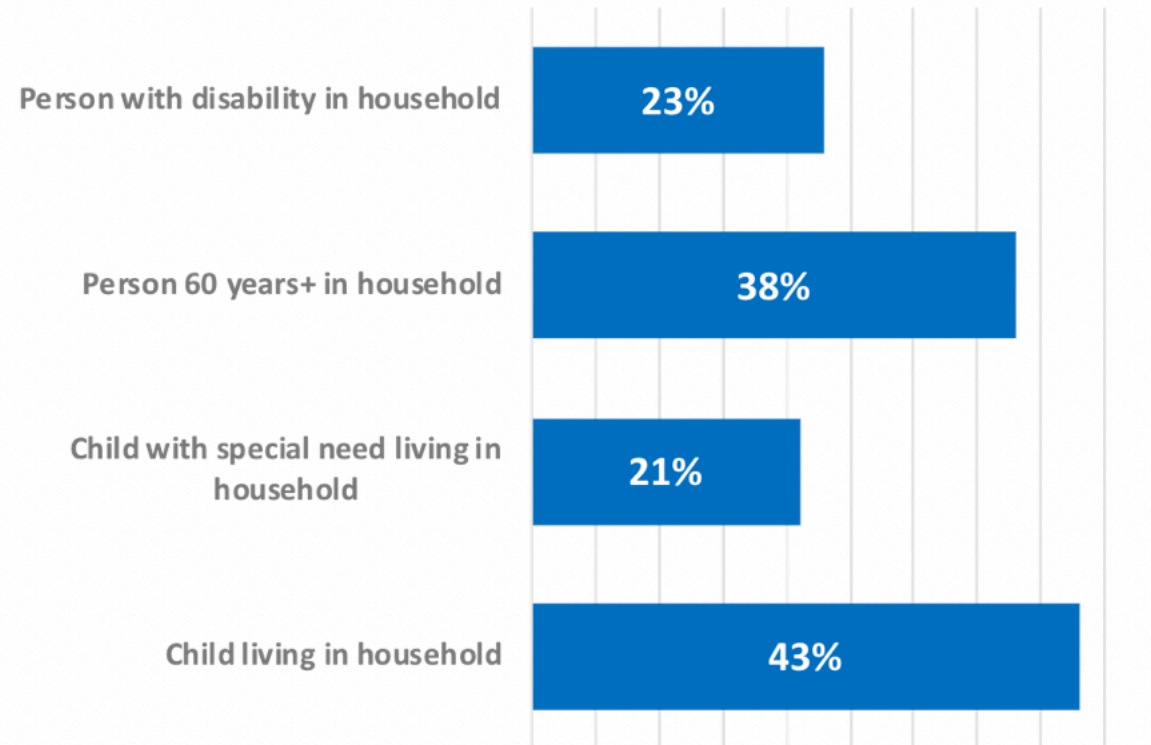
Most respondents were covered by a group health insurance policy through work or elsewhere.



Q22: Which of the following best describes your health insurance coverage? Check all that apply.

CHA Survey Results - 24

Many respondents had a person with a disability, a child with a disability or a senior living in their households.



Q36. Is there at least one person under the age of 18 living in your household?

Q37. If yes to question above, is there at least one person under the age of who has a chronic physical, developmental, behavioral, or emotional condition such as autism, poor eyesight (needs eyeglasses), etc.?

Q38. Is there at least one person 60 years old or older living in your household?

Q39. Is there at least one person with a disability in your household

CHA Survey Results - 25

When asked to provide other topics that they wanted to see in the CHA, most respondents did not answer (80%). Those who provided an answer focused on themes such as needing more providers (10% of total sample), the high cost of healthcare (4%), higher quality care (4%), and care for specific conditions or groups (4%). Typical comments below and full counts in data tables.

"I've specifically had a hard time with the lack of urgent care facilities available in our area. When we've had urgent things that are not emergencies happen on the weekend or late at night...we've had to go to the emergency room..."

"Doctors are constantly leaving, and appointments can take months to get..."

"Insurance is getting so high that I can't afford to go to the doctor much."

"Cost of health services here compared to the Phoenix area is too high."

"I have chronic illness, and I feel that I do not receive the proper care and medication from the local Indian Health Services."

"Need access to more physicians who aren't affiliated with Summit Healthcare. They've formed a monopoly and it will drive up costs and reduce quality."

"We need more mental health, substance abuse education, assistance, providers and facilities to accommodate our needs to end the cycle and create independence and self-sufficiency."

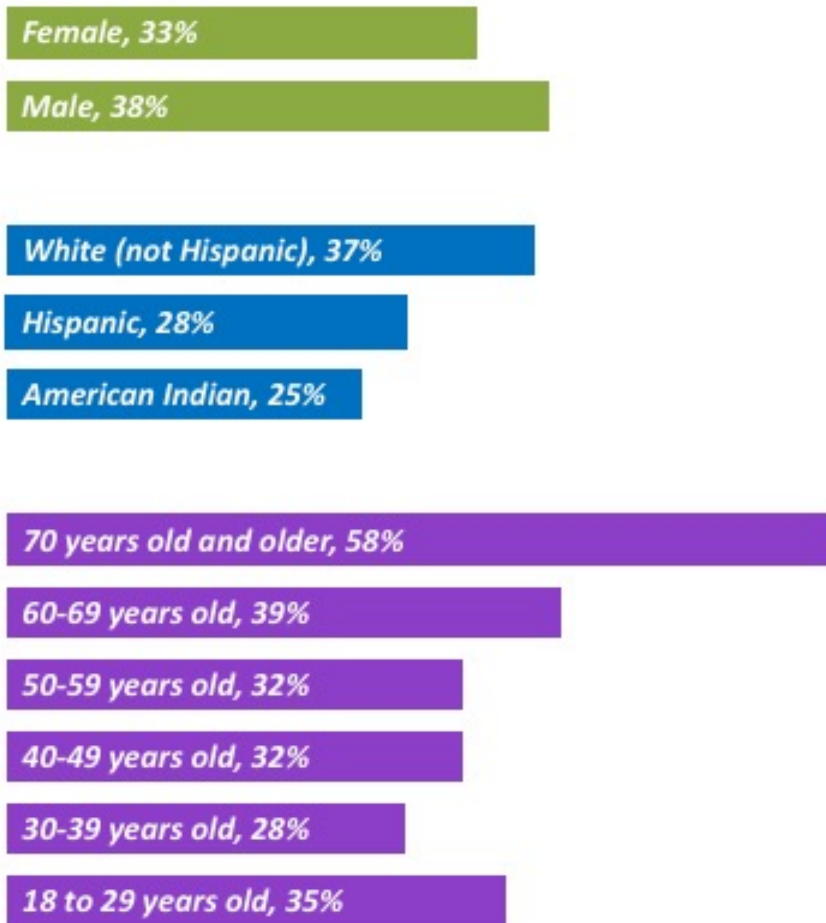
"I have a child with sensory processing disorder and anxiety/depression. There is not adequate resource here in the county to deal with this so we make many trips to Phoenix."

CHA Survey Results - 26



Results – Health Disparities

Whites, older residents more likely to see the county as healthy.



- Men and women were just as likely to rate the county's health as good or excellent (33% and 38%).
- White respondents were more likely than Hispanic or American Indian respondents to give the county's health a good or excellent rating.
- The eldest respondents (70 and older) were the most likely to rate it well, while 30-39 year olds were least likely.

CHA Survey Results - 28

When choosing top health priorities for the community, men and women had similar selections, with substance abuse topping the list.

Females

1. Substance abuse (60%)
2. Mental health (39%)
3. Healthcare, insurance too expensive (31%)

Males

1. Substance abuse (63%)
2. Obesity/lack of exercise and healthy food (34%)
3. Healthcare, insurance too expensive (33%)

- Both men and women picked substance abuse most often when asked to choose three top priorities from a list of 25. Both groups also selected healthcare and health insurance costs among the top three priorities.
- Women chose mental health issues second most often (39%) and men chose obesity and lack of exercise (34%).

CHA Survey Results - 29

Substance abuse seen as high priority among all race/ethnic groups.

American Indian

1. Substance abuse (68%)
2. Obesity/lack of exercise and healthy food (33%)
3. Chronic diseases such as cancer, diabetes (33%)

Hispanic

1. Substance abuse (60%)
2. Mental health (37%)
3. Healthcare, insurance too expensive (37%)

White, not Hispanic

1. Substance abuse (61%)
2. Mental health (39%)
3. Healthcare, insurance too expensive (35%)

- Among the three ethnic groups represented in the survey (all others were too small to analyze), each group was most likely to select substance abuse as one of the top priorities.
- For American Indian respondents, obesity/exercise/healthy food was chosen second most often followed by chronic disease.
- For both whites and Hispanics, the second two choices were mental health and the cost of healthcare/insurance.

CHA Survey Results - 30

Substance abuse and mental health high priorities for all groups under 50 years old.

18-29 years old

1. Substance abuse (59%)
2. Mental health (45%)
3. Healthcare, insurance too expensive (30%)

30-39 years old

1. Substance abuse (65%)
2. Mental health (41%)
3. Obesity/exercise/healthy food (30%)

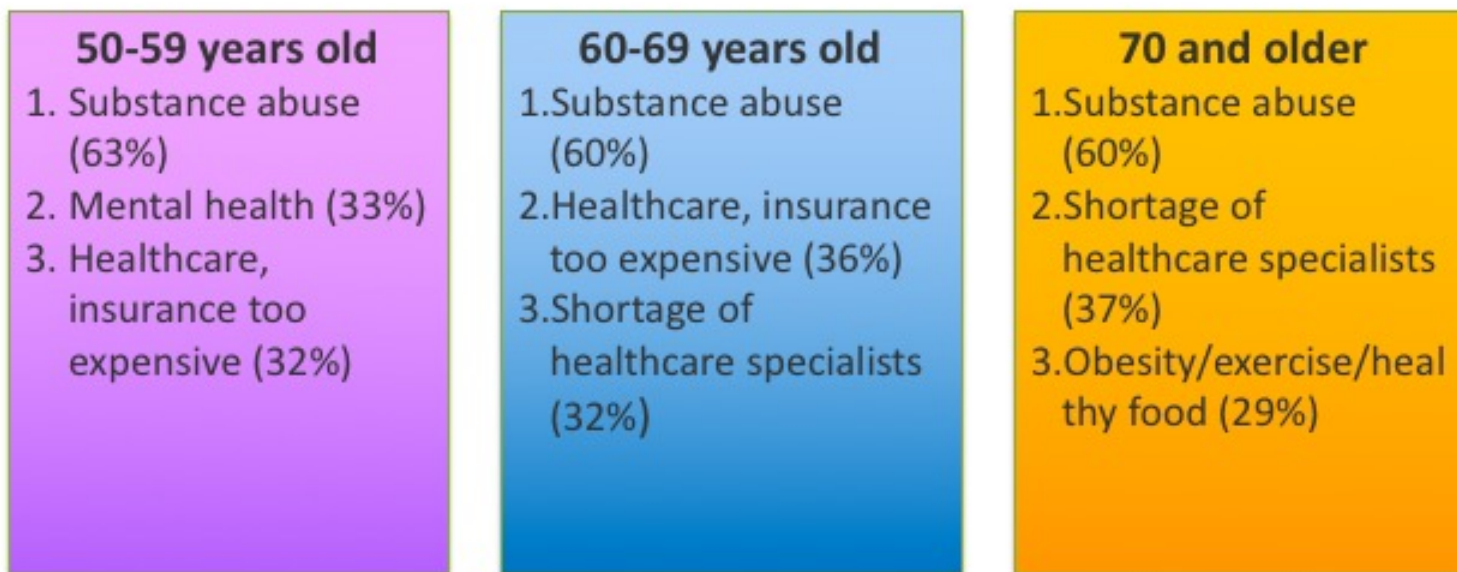
40-49 years old

1. Substance abuse (60%)
2. Mental health (44%)
3. Healthcare, insurance too expensive (32%)

- All three age groups under 50 selected substance abuse and mental health most often as health priorities.
- 18-29 year olds and 40-49 year olds chose the cost of healthcare and insurance next, which 30-39 year olds chose the obesity, exercise, healthy food option.

CHA Survey Results - 31

Substance abuse was also selected as a top priority by all older age groups.



- Similar to the pattern for younger groups, the 50-59 year olds selected mental health and the cost of healthcare after substance abuse as a first choice.
- The 60 and over groups added shortage of healthcare specialists to the high priorities, presumably due to needs they may have for specialists. 70 and older respondents also selected obesity and exercise as a third choice.

CHA Survey Results - 32

When asked to select healthcare goals, the priority issues arose again for all groups, and chronic disease and child abuse were added.

1. Reduce **substance abuse** including alcohol, opioids, illegal drugs, and prescription drugs
2. Reduce **child abuse and neglect** and promote good parenting
3. Prevent and treat **mental and emotional health** issues such as depression, suicide, stress, autism
4. Reduce the **cost of healthcare** or health insurance
5. Prevent and treat **chronic diseases** such as cancer, heart disease, diabetes, lung disease (e.g., COPD)

- The five goals listed above appeared in the top 5 goals for each of the gender, ethnicity, and age groups.
- The only exception was that American Indian respondents who ranked the cost of healthcare/insurance lower, at #9 and selected obesity/exercise/healthy eating as #5.

CHA Survey Results - 33

Women, American Indians, younger more likely to have a household where someone went without healthcare

Female, 49%

Male, 33%

White (not Hispanic), 43%

Hispanic, 42%

American Indian, 53%

70 years old and older, 23%

60-69 years old, 36%

50-59 years old, 44%

40-49 years old, 51%

30-39 years old, 52%

18 to 29 years old, 49%

- When asked if at least one person in their household went without needed healthcare in the past year, women were more likely than men to say “yes.”
- Among the race/ethnic groups, American Indians were most likely to not receive needed care.
- For the most part, the younger the respondent, the more likely he/she was to live in a household where someone went without care.

CHA Survey Results - 34

Residents living on tribal land were more likely to have a household member go without needed healthcare

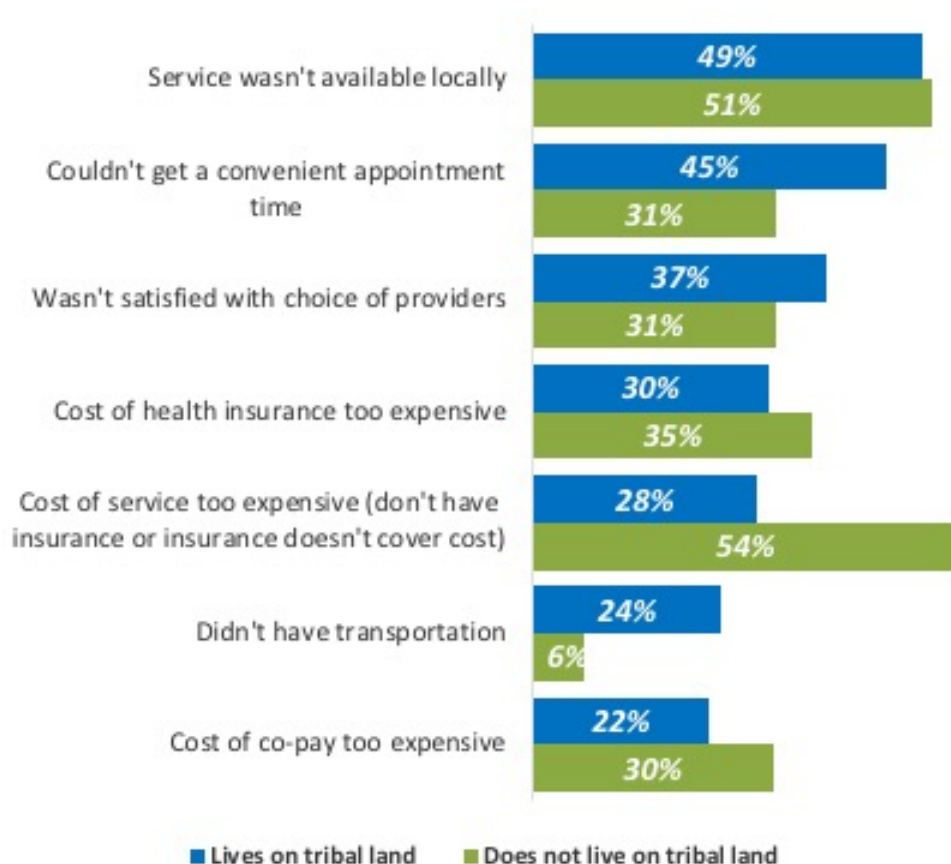
% living on tribal land who could not get needed care, 54%

% living on non-tribal land who could not get needed care, 44%

- 54% of those living on tribal land – primarily Navajo, Hopi, or White Mountain Apache – were more likely to be living in a household where someone needed, but did not get, healthcare in the past year.
- Only 44% of those not living on tribal land couldn't get care.
- As shown on the next page, tribal land residents had some barriers that were different from the barriers for others.

CHA Survey Results - 35

Transportation and appointment times are more likely to be barriers to getting care for those living on tribal land.



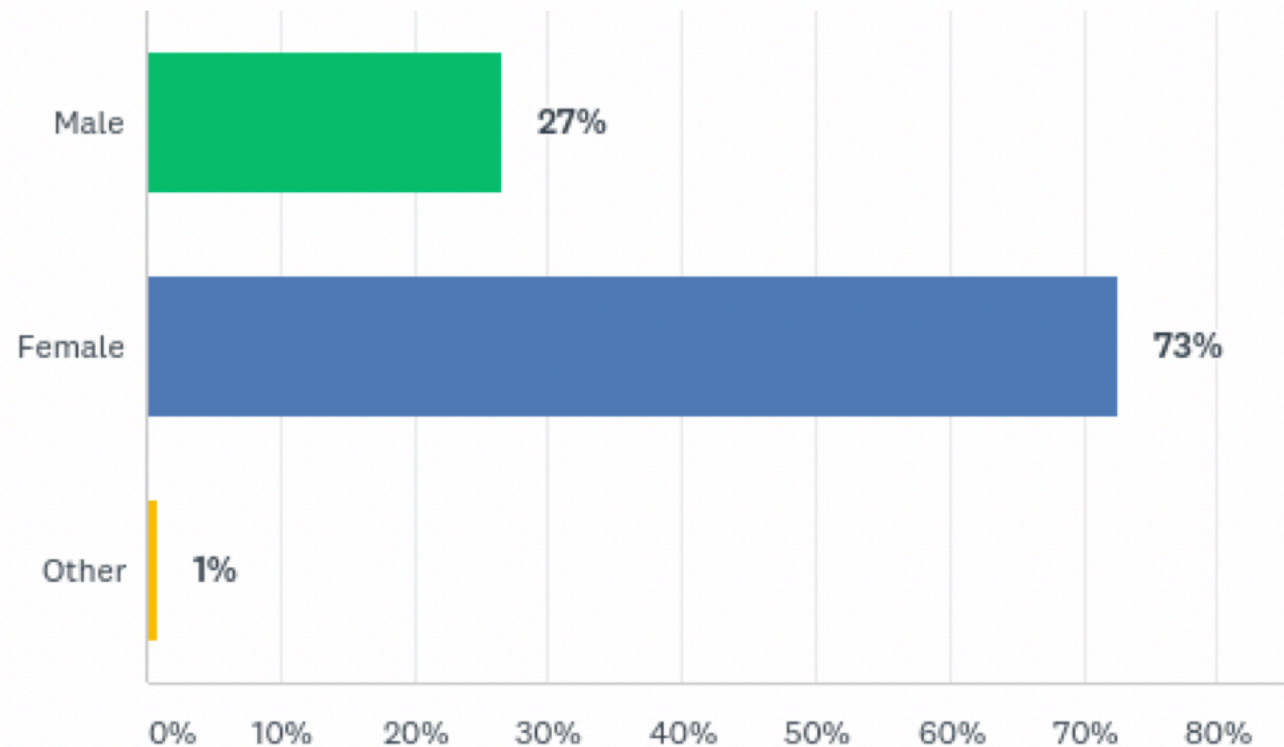
- Some barriers were shared by those living on tribal and non-tribal land – e.g. no local service, no provider, cost.
- Getting an appointment time and not having transportation were more commonly barriers for tribal residents.
- Cost of the service was more often a barrier for non-tribal residents, perhaps because most tribal residents are covered by Indian Health Service.

CHA Survey Results - 36



Description of Survey Respondents

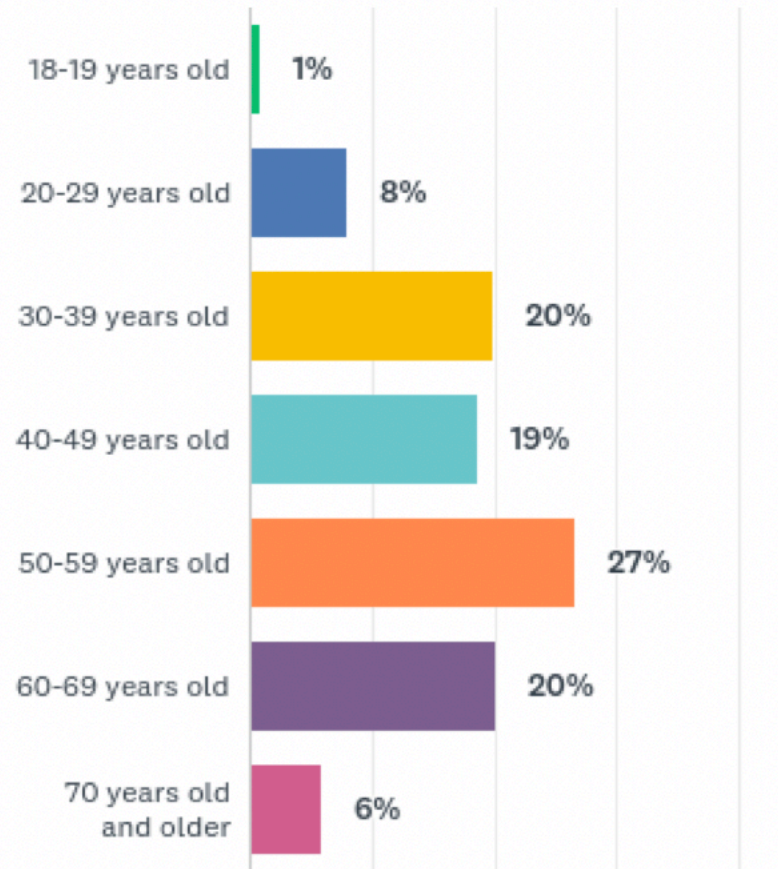
About 2/3 of the survey respondents were female.



Q23: This section includes questions about you and your household. Your answers will be combined with answers from others so we can look at the needs of different groups, e.g. seniors, rural residents, etc. Which of the following best describes you?

CHA Survey Results - 38

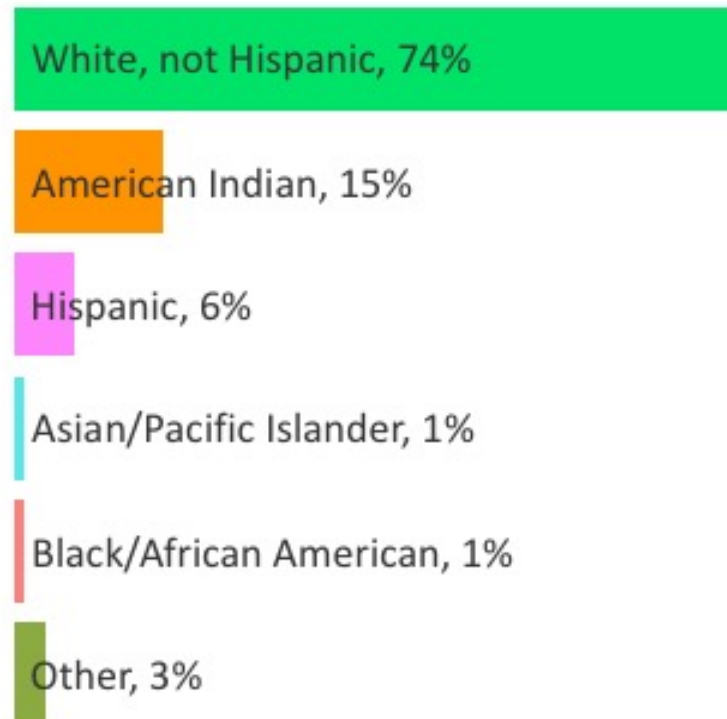
All age groups were represented in the survey respondents, with half being 50 and older



Q24: Which of the following includes your age?

CHA Survey Results - 39

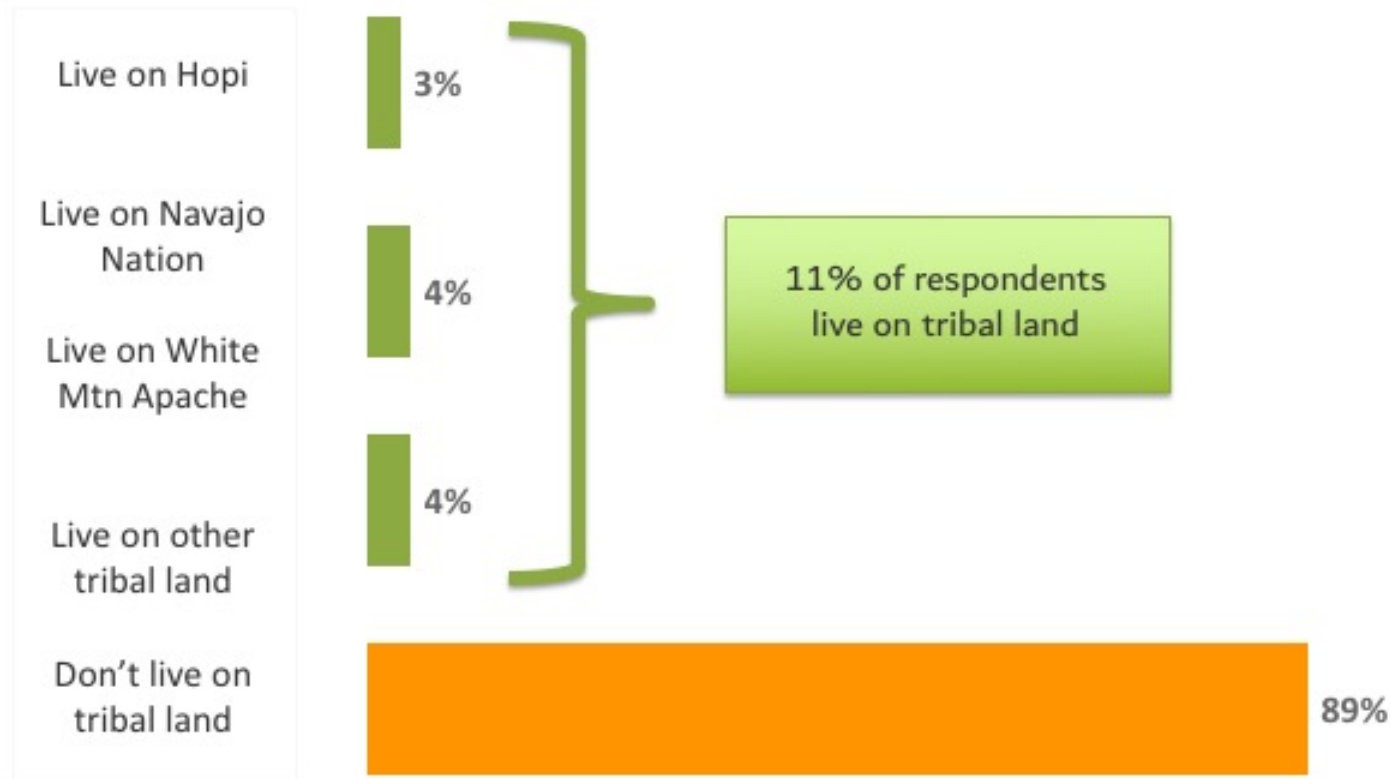
Most respondents were white. There was also representation from both American Indian/Native American and Hispanic residents, but at lower levels.



Q25: Which race/ethnicity best describes you? (Please choose only one.)

CHA Survey Results - 40

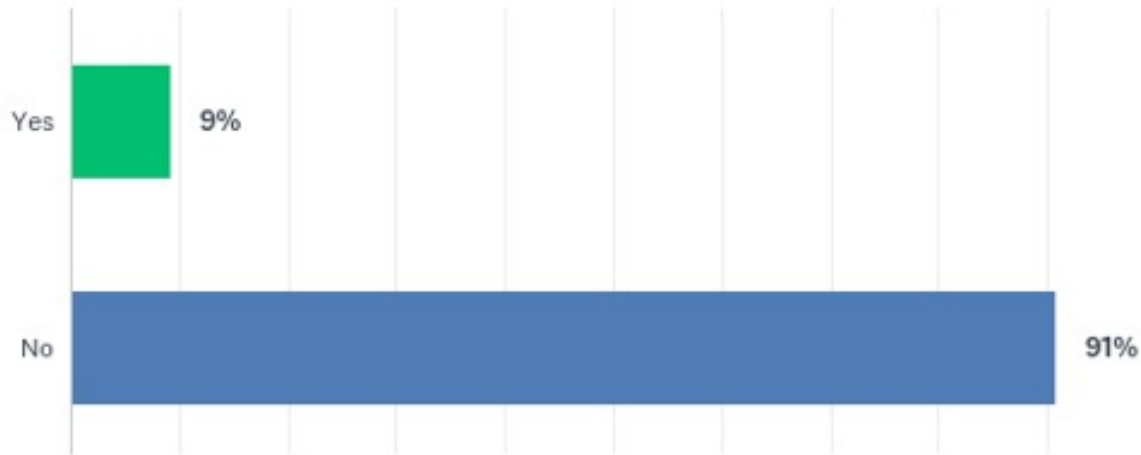
There were some respondents, albeit at low levels, from each of the large tribal communities in Navajo County.



Q29: Which of the following best describes the location where you LIVE?

CHA Survey Results - 41

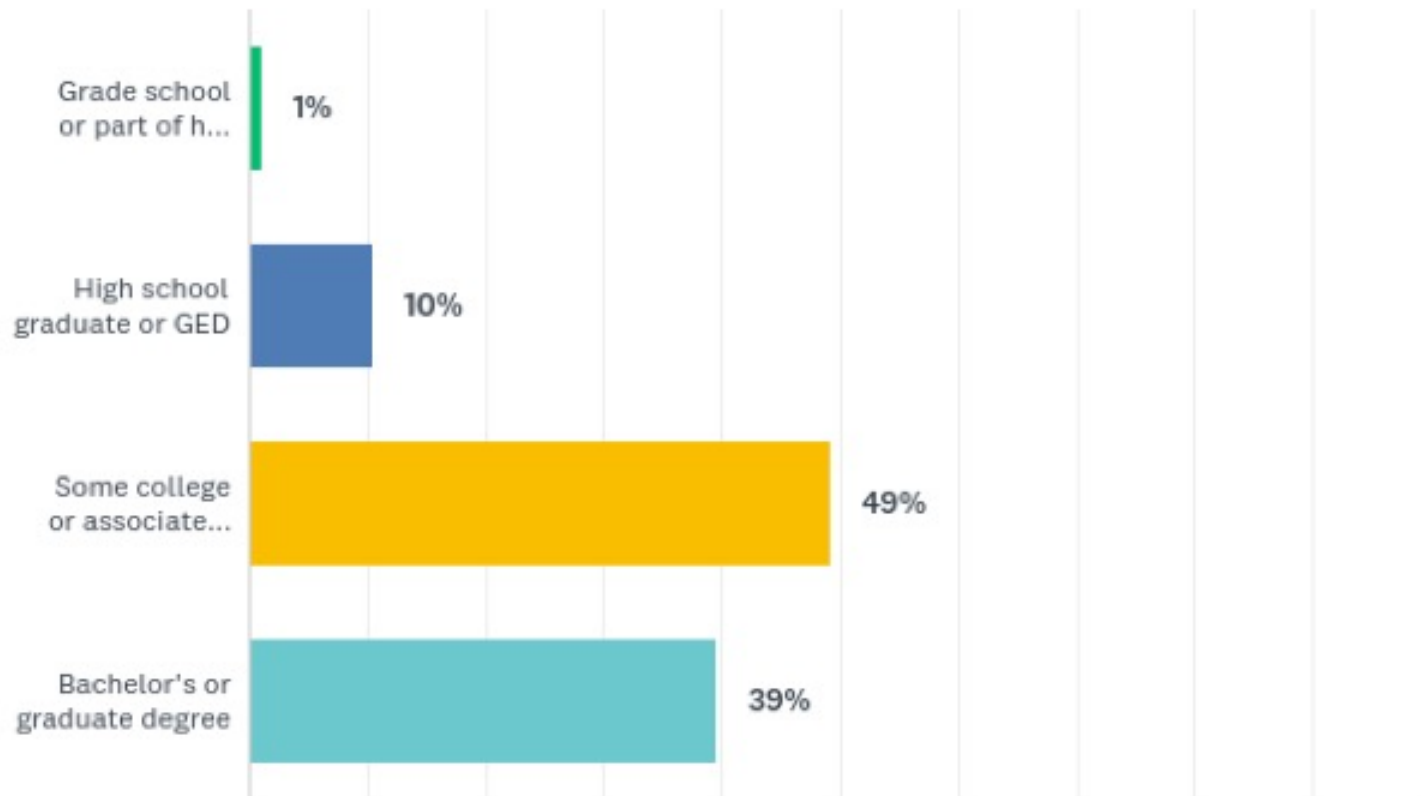
Fewer than one in ten were military veterans.



Q26: Have you ever served in any branch of the United States military, or not?

CHA Survey Results - 42

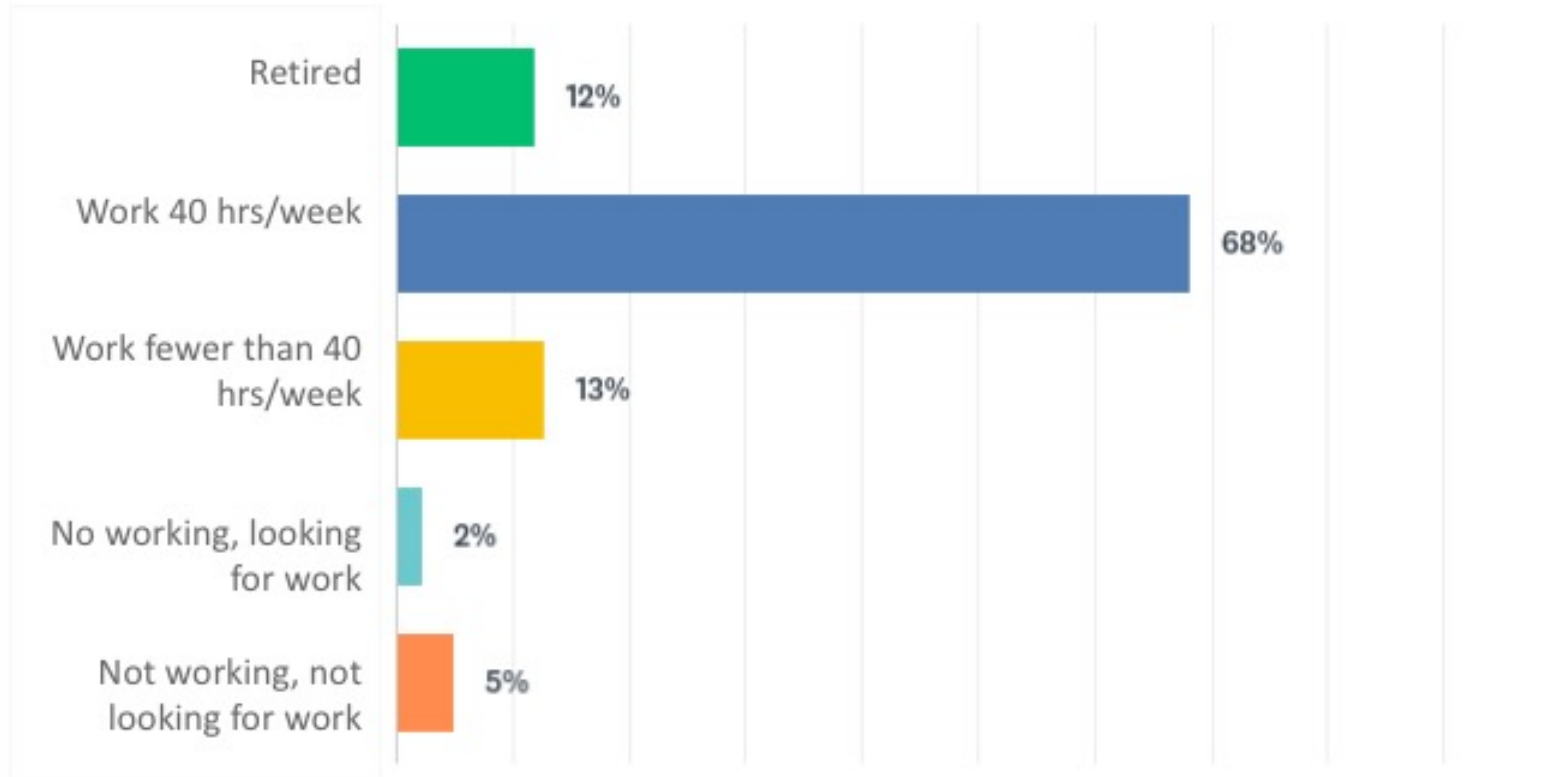
Most respondents had at least some college education.



Q27: What is the highest level of education you have completed?

CHA Survey Results - 43

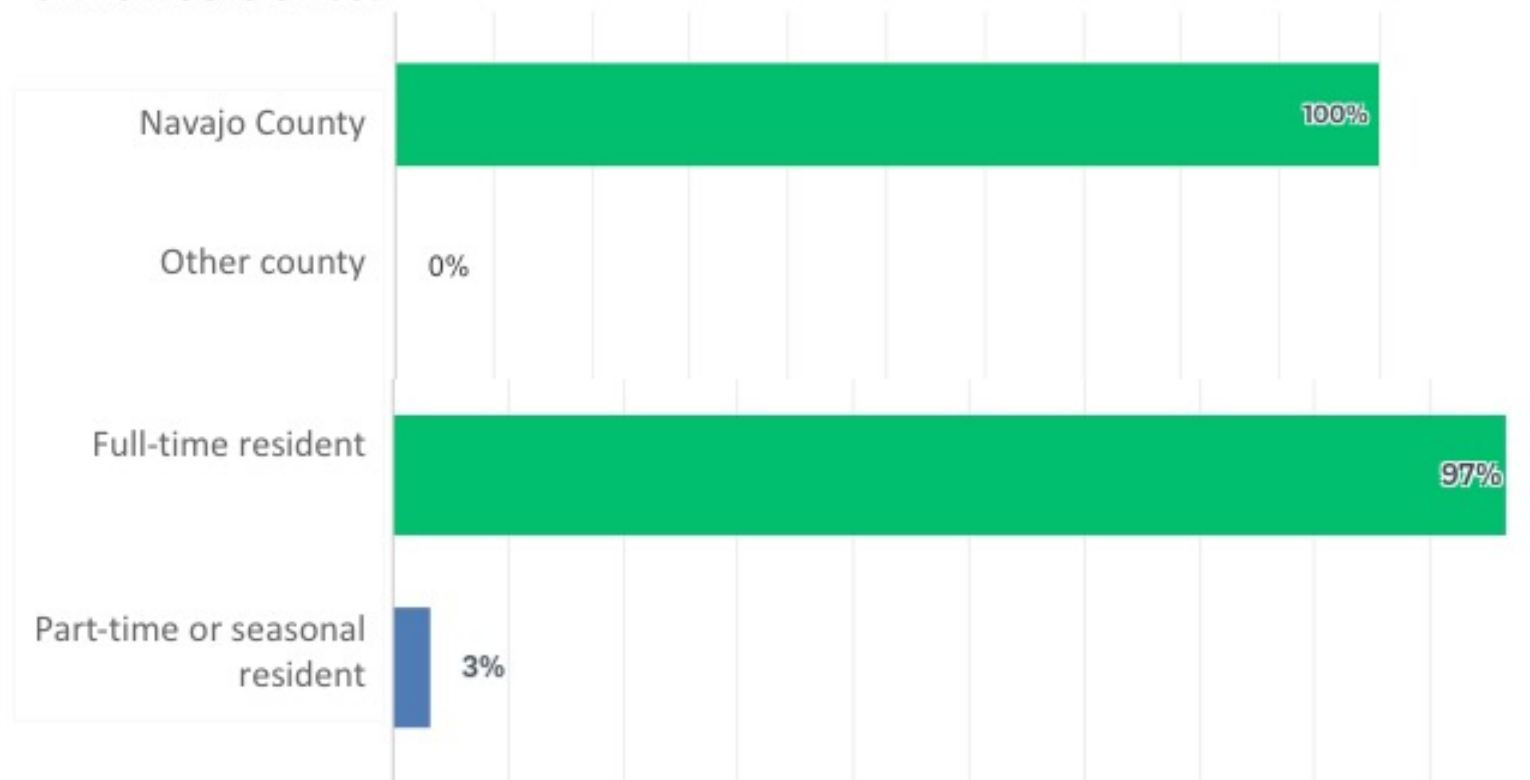
Most respondents worked 40 hours per week.



Q28: Which of the following best describes your employment status?

CHA Survey Results - 44

All respondents lived in Navajo County and almost all were full-time residents.



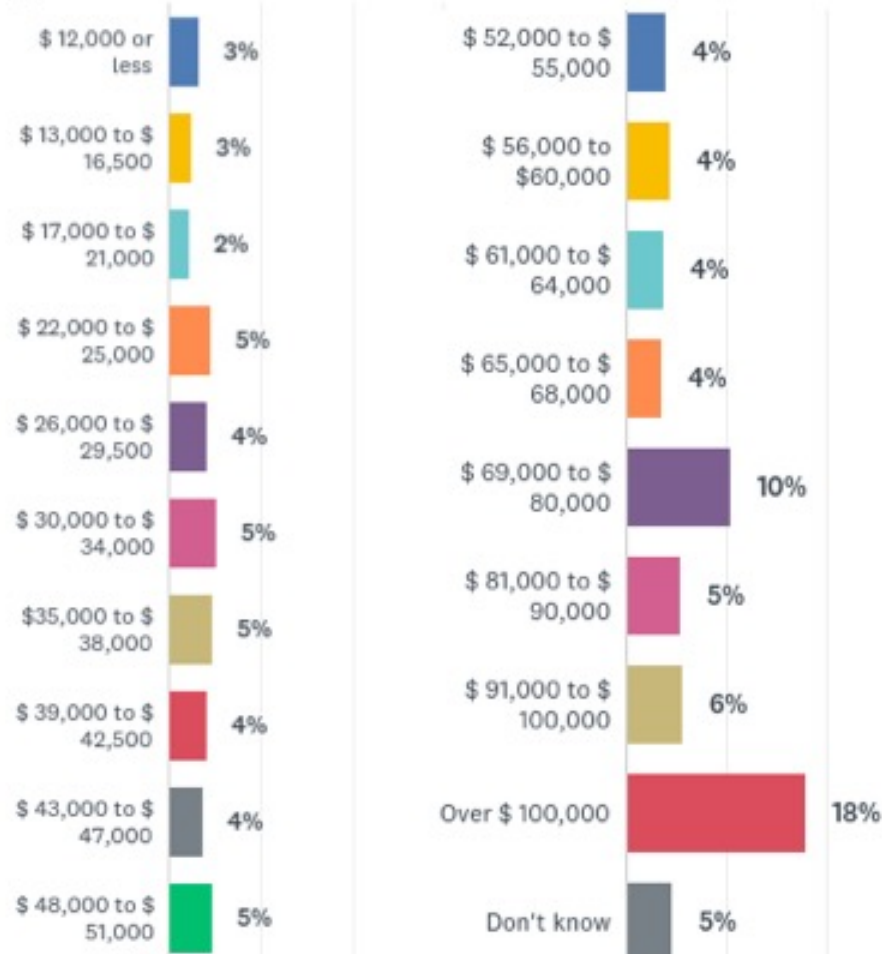
Q30: In what COUNTY do you live?

Q33: Which of the following describes you?

CHA Survey Results - 45

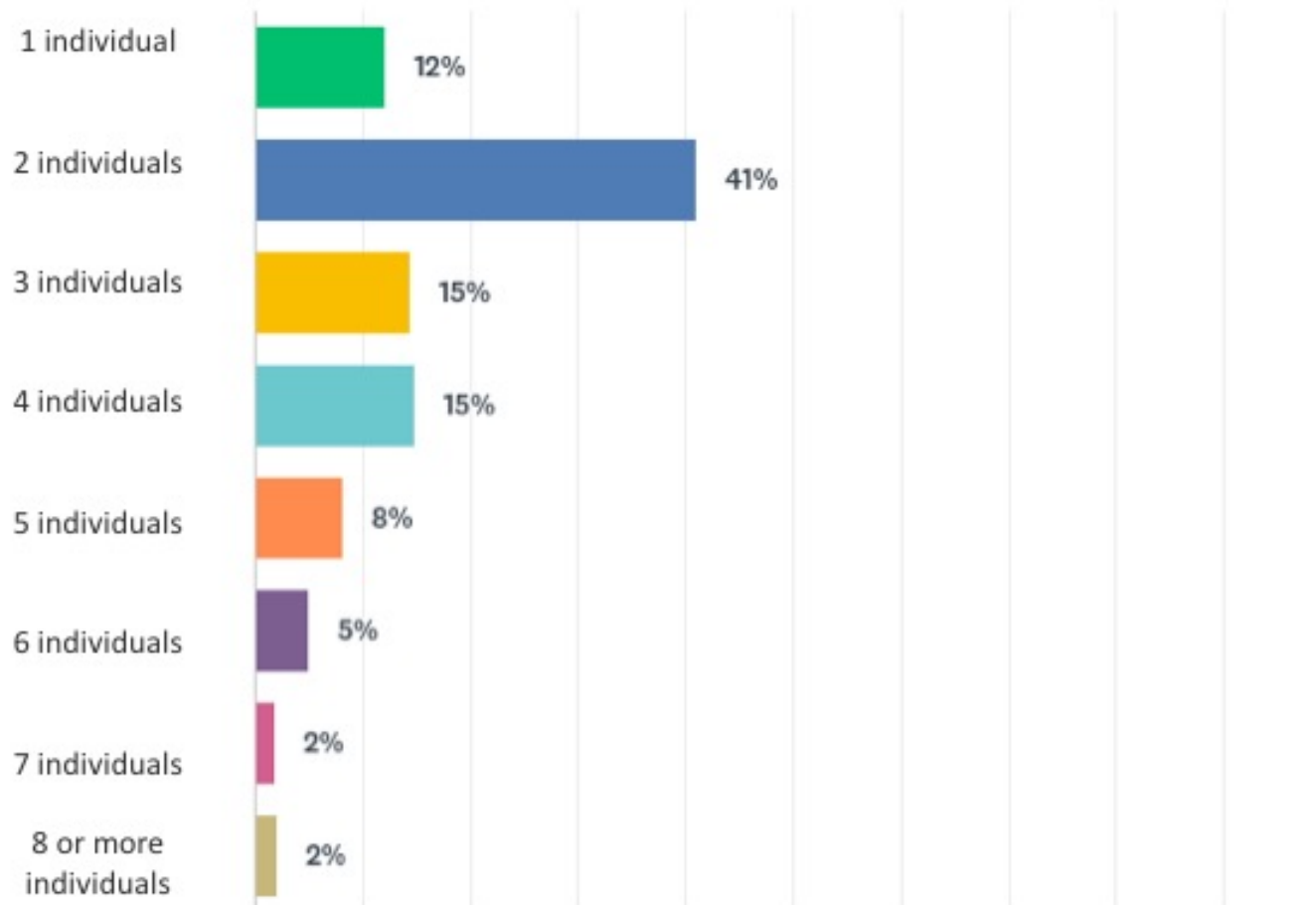
A wide range of household incomes were represented by survey respondents, although almost 1 in 5 were in households with incomes over \$100,000

Q34: How much total combined money did all members of your HOUSEHOLD earn in 2017? This includes money from jobs (hourly pay, salary tips, etc); net income from business, farm, or rent; pensions; dividends; interest; social security payments; and any other mon income received by members of your HOUSEHOLD that are eighteen (18) years of age or older. If you don't know the exact amount a best guess or estimate is fine.



CHA Survey Results - 46

Most respondents lived in households of 1 or 2 individuals.



Q35: How many individuals live in your household, including yourself? If you live alone select "1", if you live with one other person, select "2" and so on.

CHA Survey Results - 47



Conclusions

Conclusions: General



- Residents see the health of the county as fair or poor, but they rated their own health as good or even excellent.
- Most have primary care providers and feel that preventative health measures, such as check-ups or prenatal care are important.
- Many county residents – especially women, American Indians, younger residents and those living on tribal land - don't get the healthcare they need due to a variety of barriers:
 - Travelling more than 40 miles/transportation.
 - The cost of healthcare or health insurance
 - Services not available
 - Services for specific conditions aren't available
- Many households have a person with a disability, an individual 60 years old or older and/or a child with special needs meaning that they may need more healthcare or specific types of healthcare.



Conclusions: Meeting Needs

Some healthcare needs are being met better than others.
Listed below are the most and least fully met needs.



Most fully met

- Hospital emergency services
 - Ambulance services
 - Outpatient testing
 - Prescription drugs
 - Dental care
- Asthma/respiratory conditions
 - Diabetes



Least fully met

- Primary & specialty care providers
- Behavioral health providers
 - Substance abuse
- Services for special needs children
 - Alternative medicine
 - Assisted living
 - Kidney dialysis
- Alzheimer's/dementia
 - Stroke
 - Cancer
 - Obesity

Conclusions: Key Priorities

Five goals were the most important to respondents and were priorities for all gender, age, and race/ethnic groups:

1

Reducing substance abuse – alcohol, opioids, illegal and prescription drugs.



2

Mental and emotional health issues.



3

Reducing child abuse and promoting good parenting.



5

Preventing and treating chronic diseases, such as cancer and diabetes.



4

Reducing the cost of healthcare or health insurance.





Data Tables

Table: Selection of Top 3 Most Important Health Issues

ANSWER CHOICES	RESPONSES	
Substance abuse including alcohol, opioids, illegal drugs, and prescription drugs	62%	683
Mental and emotional health issues such as depression, suicide, stress, autism	37%	406
Healthcare or health insurance is too expensive	32%	350
Shortage of healthcare specialists such as cardiologists, oncologists, gerontologists, etc.	28%	313
Obesity, lack of exercise, lack of healthy, nutritious food	28%	309
Chronic diseases such as cancer, heart disease, diabetes, lung disease (e.g., COPD)	20%	226
Child abuse, neglect, poor parenting	19%	206
Hard to get healthcare such as doctor's appointments, mammograms, or other medical services	18%	204
Poverty, homelessness, lack of basic needs such as clean water, food	14%	156
Lack of daycare for children, elderly, persons with special needs	14%	152

Q4: From the list below, select the three most important health problems or issues in the community. Please read the entire list before selecting. If you do not see an important item on the list, please select "Other" and type in the missing issue. You may add up to three "other" items.

CHA Survey Results - 53

Table: Selection of Top 3 Most Important Health Issues (Continued)

Lack of resources for children with a chronic physical, developmental, behavioral, or emotional condition such as children on the autism spectrum, those with eyeglasses, etc.	14%	151
Lack of transportation	11%	126
Violent crime, including domestic violence (violence against husbands, wives or partners)	9%	103
Tobacco use	7%	77
Lack of dental care/oral health/orthodontics	6%	66
Other (please specify)	6%	64
Teen pregnancy, lack of pre-natal care and/or infant care	5%	56
Sexually transmitted diseases	5%	53
Racism, differences in health between different race/ethnic groups	5%	50
Motor vehicle accidents	3%	38
Infectious diseases like measles, flu, or salmonella	2%	17
Total Respondents: 1,108		

CHA Survey Results - 54

Table: Importance of Various Goals

	Very important	Somewhat important	Not at all important	N/A	Average
Reduce substance abuse including alcohol, opioids, illegal drugs, and prescription drugs	86%	12%	1%	1%	2.85
Reduce child abuse and neglect and promote good parenting	82%	16%	1%	1%	2.81
Prevent and treat mental and emotional health issues such as depression, suicide, stress, autism	79%	19%	1%	0%	2.78
Reduce the cost of healthcare or health insurance	80%	17%	2%	1%	2.78
Prevent and treat chronic diseases such as cancer, heart disease, diabetes, lung disease (e.g., COPD)	72%	25%	2%	2%	2.71
Increase access to services for children with a chronic physical, developmental, behavioral, or emotional condition such as children on the autism spectrum, those with eyeglasses, etc.	64%	30%	3%	3%	2.63
Reduce obesity and promote healthy eating habits and access to healthy, nutritious food	65%	31%	4%	1%	2.62
Reduce violent crime, including domestic violence (violence against husbands, wives or partners)	65%	30%	3%	2%	2.62
Increase the number of healthcare specialists that focus on particular issues such as cardiologists, oncologists, gerontologists, etc.	62%	33%	3%	2%	2.60
Increase access to healthcare such as doctor's appointments, mammograms, or other medical services	63%	31%	5%	2%	2.59
Reduce poverty and homelessness and increase access to basic needs such as clean water, food	60%	32%	6%	2%	2.55
Increase access to daycare for children, elderly, persons with special needs	55%	36%	5%	3%	2.52
Reduce teen pregnancy, increase pre-natal care and/or infant care	53%	39%	6%	3%	2.48
Increase access to dental care, oral health care, orthodontics	49%	41%	8%	2%	2.42
Reduce sexually transmitted diseases	46%	41%	7%	5%	2.41
Prevent and treat Infectious diseases like measles, flu, or salmonella	46%	43%	7%	3%	2.40
Reduce tobacco use	41%	42%	13%	4%	2.29
Increase transportation options	39%	46%	13%	3%	2.27
Reduce motor vehicle accidents	35%	48%	12%	5%	2.24
Reduce racism and reduce differences in health between race/ethnic groups	37%	37%	17%	9%	2.22

Q5: Listed below are ways to improve the health of the community. For each item listed, indicate if it is very important, somewhat important, not at all important to achieve the goal in order to improve the community's health. Select "N/A" if you have no opinion. If you do not see an item on the list, please select "Other" and add the item or items.

CHA Survey Results - 55

Table: Importance of preventative health activities

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT AT ALL IMPORTANT	N/A	TOTAL	WEIGHTED AVERAGE
Having regular dental checkups	67% 742	31% 345	1% 14	0% 5	1,106	2.66
Getting recommended immunizations	69% 765	22% 244	6% 68	3% 29	1,106	2.65
Getting routine physicals, including lab tests	68% 747	30% 331	2% 18	1% 9	1,105	2.67
Having regular eye exams	57% 629	40% 440	2% 24	1% 10	1,103	2.55
Getting appropriate screening exams (mammogram, Pap test, PSA, colonoscopy, etc.)	76% 836	22% 247	1% 11	1% 8	1,102	2.75
Getting prenatal care	83% 911	15% 160	1% 11	2% 18	1,100	2.83

Q6: Below are some activities related to healthcare. For each item listed, indicate if it is very important, somewhat important, not at all important to improve the community's health.

CHA Survey Results - 56

Table: Needs for Providers in Community

	FULLY MET	PARTIALLY MET	NOT MET AT ALL	TOTAL	WEIGHTED AVERAGE
The need for PRIMARY CARE healthcare providers is being...	15% 169	71% 780	14% 151	1,100	2.02
The need for SPECIALTY HEALTHCARE PROVIDERS in the community is being...	6% 62	64% 693	30% 323	1,078	1.76
The need for BEHAVIORAL HEALTHCARE PROVIDERS in the community is being...	5% 56	61% 637	33% 346	1,039	1.72
The need for COMMUNICATION AND COORDINATION OF CARE among clinics and health care providers in the community is being...	8% 85	69% 729	22% 235	1,049	1.86

Q7: Now, we'd like to ask you about healthcare in the community. The term "healthcare" is any and all hospitals, clinics, doctor's offices or anywhere a person might go to see a healthcare provider for a check-up, an illness, etc. Please rate how well the need for PRIMARY CARE healthcare providers is being met in the community. Primary care includes family providers, pediatricians, OB-GYNs and general internists.

Q8: Please rate how well the need for SPECIALTY HEALTHCARE PROVIDERS is being met in the community. Examples of specialty healthcare providers include heart, cancer, brain (neurology), lung (pulmonary), bone/joint and surgeons.

Q9: Please rate how well the need for BEHAVIORAL HEALTHCARE PROVIDERS is being met in the community. Examples of behavioral healthcare providers are psychologists, counselors and others who deal with emotional and mental health.

Q10: One aspect of healthcare is COMMUNICATION AND COORDINATION. An example of communication and coordination is when a specialist talks to a primary care provider about a patient's condition. That way, the specialist and the primary care provider can make sure that they are coordinating the patient's medications, treatment, and recommendations.

CHA Survey Results - 57

Table: Rating of Healthcare Services Needs Being Met

	FULLY MET	PARTIALLY MET	NOT MET AT ALL	N/A	TOTAL	WEIGHTED AVERAGE
Hospital care for emergency room (ER) visits & overnight stays	38% 423	45% 496	11% 120	6% 66	1,105	2.29
Outpatient testing such as lab & x-ray	31% 344	56% 618	7% 72	6% 71	1,105	2.26
Urgent care or walk-in clinic for unscheduled visits	31% 346	51% 563	14% 151	4% 43	1,103	2.18
Hospice services for comfort care and end-of-life care	24% 261	47% 517	10% 116	19% 212	1,106	2.16
Rehabilitation services for physical, speech, and occupational therapy	14% 151	58% 644	11% 127	17% 185	1,107	2.03
Home health care	9% 104	51% 563	17% 189	22% 243	1,099	1.90
Mental or emotional health services (counseling, psychiatry, etc.)	5% 60	57% 636	26% 288	11% 124	1,108	1.77
Services for children with special health care needs	4% 41	52% 570	22% 245	22% 245	1,101	1.76
Substance abuse (drug or alcohol abuse) services	4% 45	58% 636	26% 286	12% 135	1,102	1.75

Q11: Please rate how well the need for each of these health care services is being met in the community. Select "N/A" if you have no opinion or don't know.

CHA Survey Results - 58

Table: Met and Unmet Needs for Types of Healthcare

	FULLY MET	PARTIALLY MET	NOT MET AT ALL	N/A	TOTAL	WEIGHTED AVERAGE
Ambulance services & emergency transports	50% 554	38% 420	4% 43	8% 87	1,104	2.50
Prescription drugs	49% 544	39% 427	6% 64	6% 68	1,103	2.46
Chiropractic care	44% 480	34% 374	9% 94	14% 154	1,102	2.41
Dental care	41% 450	50% 549	6% 62	4% 40	1,101	2.37
Medical equipment such as oxygen, wheelchairs, etc.	23% 249	52% 572	8% 93	17% 188	1,102	2.17
Nursing home care	11% 123	54% 589	17% 187	18% 200	1,099	1.93
Kidney dialysis	11% 117	42% 459	17% 188	31% 337	1,101	1.91
Assisted living	9% 103	56% 615	16% 182	19% 205	1,105	1.91
Alternative medicine such as acupuncture, naturopathic, etc.	10% 110	43% 479	28% 313	18% 201	1,103	1.77

Q12: Please rate how well the need for these health care services is being met in the community.

CHA Survey Results - 59

Table: Level of Met/Unmet Needs Among Various Groups

	FULLY MET	PARTIALLY MET	NOT MET AT ALL	TOTAL	WEIGHTED AVERAGE
Racial and ethnic minorities	28% 239	61% 528	11% 94	861	2.17
Visitors and seasonal residents	26% 227	65% 572	10% 84	883	2.16
Children	16% 155	76% 759	8% 82	996	2.07
Young families	15% 141	76% 726	9% 90	957	2.05
Seniors	13% 123	75% 734	12% 122	979	2.00
Low income residents	16% 160	65% 635	18% 179	974	1.98
Individuals with disabilities	9% 86	74% 690	17% 154	930	1.93
Individuals without health insurance	12% 111	55% 499	33% 304	914	1.79

Q13: For each group below, please rate how well healthcare services in the community are meeting the needs of these groups of residents. Are the healthcare needs of _____ being fully met, partially met, not met at all?

CHA Survey Results - 60

Tables: Needed Healthcare, Travelled More Than 40 Miles for Healthcare

ANSWER CHOICES	RESPONSES	
Yes	95%	1,054
No	5%	54
TOTAL		1,108

Q15: Now we'd like to ask you about health and healthcare needs in your household. In the past 12 months, did you or anyone in your household need health care services for any reason (illness, check-up, etc.)?

ANSWER CHOICES	RESPONSES	
Yes	64%	677
No	36%	373
TOTAL		1,050

Q16: In the past 12 months, did you or anyone in your household have to travel more than 40 miles in order to receive the health care services they needed?

CHA Survey Results - 61

Table: Reason for Not Getting Healthcare (Asked only of those who did not get care due to barrier in past year)

ANSWER CHOICES	RESPONSES	
Cost of service too expensive (don't have insurance or insurance doesn't cover cost)	52%	248
Service wasn't available locally	52%	247
Cost of health insurance too expensive	36%	171
Couldn't get a convenient appointment time	33%	159
Wasn't satisfied with choice of providers	32%	155
Cost of co-pay too expensive	30%	145
Didn't know who to call	10%	47
I have, or my family member has physical or mental limitations	10%	46
Didn't have transportation	9%	43
Didn't have child care/cost of child care	6%	28
Couldn't find provider who speaks language	1%	4
Total Respondents: 477		

Q18: From the list below, select the reasons that prevented you or a member of your household from getting the care needed during the past 12 months. Check all that apply.

CHA Survey Results - 62

Table: Healthcare Needed and Ability to Obtain

Q19: Please indicate if you or a member of your household were able to get the specific healthcare services mentioned below when needed in the past 12 months. Select "N/A" if the item does not apply to you or your household members. In the past 12 months, were you/your household members able to get healthcare services for...

	YES	NO	TOTAL
Dental care	81% 749	19% 177	926
Asthma, COPD & other respiratory diseases	62% 236	38% 147	383
Diabetes	60% 198	40% 132	330
Heart disease	54% 183	46% 154	337
Chronic pain	46% 212	54% 247	459
Mental and emotional health conditions	42% 180	58% 252	432
Pregnancy	41% 82	59% 119	201
Children with special healthcare needs such as autism or poor eyesight	35% 97	65% 177	274
Obesity	33% 104	67% 207	311
Cancer	29% 63	71% 154	217
Stroke and other neurological disorders	22% 51	78% 186	237
Substance (drugs or alcohol) abuse and addictions	18% 38	82% 176	214
Alzheimer's disease and other dementia disorders	11% 20	89% 159	179

Table: Type of Health Insurance

ANSWER CHOICES	RESPONSES	
Health insurance through a group policy, such as an employer	71%	785
Medicare - Traditional (you choose your healthcare providers and hospitals)	11%	121
AHCCCS, CRS or Medicaid	11%	118
Indian Health Service	8%	93
Health insurance through an individual policy	6%	67
I do not have any type of health insurance	6%	61
Veteran's Administration	4%	49
Medicare - HMO or PPO (limited choice of healthcare providers and hospitals)	2%	25
SSI Medicare (65 and under)	2%	17
AZLTC	0%	5
KidsCare	0%	5
Total Respondents: 1,108		

Q22: Which of the following best describes your health insurance coverage? Check all that apply.

CHA Survey Results - 64

Table: Respondent Age

ANSWER CHOICES	RESPONSES	
18-19 years old	1%	10
20-29 years old	8%	88
30-39 years old	20%	220
40-49 years old	19%	206
50-59 years old	27%	293
60-69 years old	20%	222
70 years old and older	6%	65
TOTAL		1,104

Q24: Which of the following includes your age?

CHA Survey Results - 65

Table: Respondent Race/Ethnicity

ANSWER CHOICES	RESPONSES	
American Indian or Alaskan Native	15%	165
Asian / Pacific Islander	1%	10
Black or African American	1%	8
Hispanic	6%	65
White (not Hispanic)	74%	819
Other (please specify)	3%	33
TOTAL		1,100

Q25: Which race/ethnicity best describes you? (Please choose only one.)

CHA Survey Results - 66

Table: Live on Tribal Land

ANSWER CHOICES	RESPONSES	
I live on the Hopi Reservation/Nation	3%	31
I live on the Navajo Nation	5%	49
I live on White Mountain Apache Reservation	4%	42
I live on tribal land not mentioned above	0%	1
I do not live on tribal land	89%	964
TOTAL		1,087

Q29: Which of the following best describes the location where you LIVE?

CHA Survey Results - 67

Table: Respondent Education Level

ANSWER CHOICES	RESPONSES	
Grade school or part of high school	1%	11
High school graduate or GED	10%	115
Some college or associate's degree	49%	542
Bachelor's or graduate degree	39%	436
TOTAL		1,104

Q27: What is the highest level of education you have completed?

CHA Survey Results - 68

Table: Respondent Working Status

ANSWER CHOICES	RESPONSES	
Retired	12%	131
Working 40 hours per week or more	68%	755
Working fewer than 40 hours per week	13%	142
Not working, LOOKING for work	2%	25
Not working, NOT looking for work	5%	55
Other (specify): _____	0%	0
TOTAL		1,108

Q28: Which of the following best describes your employment status?

CHA Survey Results - 69

Table: Respondent Zip Codes

ANSWER CHOICES	RESPONSES	
85901	33%	362
85929	13%	149
85937	9%	99
86025	7%	83
86047	7%	83
85935	6%	69
85939	4%	48
85941	2%	26
85933	2%	25
Other (please specify)	2%	19
85902	2%	17
86032	1%	14
85924	1%	11
86042	1%	11
85928	1%	10
86039	1%	10
85934	1%	9
85940	1%	8
85926	1%	7
86043	1%	7

Results - 70

Table: Respondents' Zip Codes

86033	1%	6
I don't know my zip code	0%	5
85930	0%	4
86029	0%	4
86030	0%	4
86031	0%	4
85942	0%	3
85911	0%	2
85912	0%	2
85923	0%	2
86035	0%	2
86034	0%	1
86054	0%	1
86510	0%	1
85931	0%	0
85520	0%	0
Other zip code (specify): _____	0%	0
TOTAL		1,108

Q31: What is your zip code?

CHA Survey Results - 71

Table: Household Income

\$ 12,000 or less	3%	36
\$ 13,000 to \$ 16,500	3%	27
\$ 17,000 to \$ 21,000	2%	25
\$ 22,000 to \$ 25,000	5%	48
\$ 26,000 to \$ 29,500	4%	44
\$ 30,000 to \$ 34,000	5%	55
\$35,000 to \$ 38,000	5%	50
\$ 39,000 to \$ 42,500	4%	45
\$ 43,000 to \$ 47,000	4%	41
\$ 48,000 to \$ 51,000	5%	52
\$ 52,000 to \$ 55,000	4%	43
\$ 56,000 to \$60,000	4%	47
\$ 61,000 to \$ 64,000	4%	41
\$ 65,000 to \$ 68,000	4%	38
\$ 69,000 to \$ 80,000	10%	111
\$ 81,000 to \$ 90,000	5%	58
\$ 91,000 to \$ 100,000	6%	59
Over \$ 100,000	18%	192
Don't know	5%	49
TOTAL		1,061

Q34: How much total combined money did all members of your HOUSEHOLD earn in 2017? This includes money from jobs (hourly pay, salary tips, etc); net income from business, farm, or rent; pensions; dividends; interest; social security payments; and any other money income received by members of your HOUSEHOLD that are eighteen (18) years of age or older. If you don't know the exact amount a best guess or estimate is fine.

CHA Survey Results - 72

Table: Number of Individuals Living in Household

ANSWER CHOICES	RESPONSES	
1	12%	134
2	41%	450
3	15%	159
4	15%	163
5	8%	90
6	5%	54
7	2%	21
8 or more	2%	24
TOTAL		1,095

Q35: How many individuals live in your household, including yourself? If you live alone select "1", if you live with one other person, select "2" and so on.

CHA Survey Results - 73

Table: Individuals Living in Household

Q36. Is there at least one person under the age of 18 living in your household?		
Yes	42.78%	468
No	57.22%	626
	Answered	1094
	Skipped	14
Q37. If yes to question above, is there at least one person under 18 who has a chronic physical, developmental, behavioral, or emotional condition such as autism, poor eyesight (needs eyeglasses), etc.?		
Yes	48.60%	225
No	51.40%	238
	Answered	463
	Skipped	645
Q38. Is there at least one person 60 years old or older living in your household?		
Yes	38.40%	417
No	61.60%	669
	Answered	1086
	Skipped	22
Q39. Is there at least one person with a disability living in your household?		
Yes	23.23%	253
No	76.77%	836
	Answered	1089
	Skipped	19

CHA Survey Results - 74

Table: Ratings of Health of the County by Gender, Ethnicity, Age

	Male	Female	American Indian	Hispanic	White (not Hispanic)	18 to 29 years old	30-39 years old	40-49 years old	50-59 years old	60-69 years old	70 years old and older
Number of respondents	293	803	165	65	819	98	219	206	293	220	65
Rating of County's Overall Health											
Excellent	1%	2%	3%	2%	2%	3%	2%	3%	1%	2%	3%
Good	37%	31%	22%	26%	35%	32%	26%	29%	31%	37%	55%
Fair	51%	54%	52%	65%	53%	47%	58%	55%	55%	52%	38%
Poor	10%	13%	23%	8%	11%	18%	14%	13%	13%	10%	3%
Q3. How would you rate the overall health of the community?											

CHA Survey Results - 75

Table: Topics Suggested by Respondents to Include in CHA

	Number of respondents	% of those who answered question	% of total sample
Total number of respondents	1108	234	1108
Need more providers/more specialists/hard to get appointments/going elsewhere for services	68	29%	6%
Want care for specific condition (e.g., Alzheimer's, prenatal) or specific group (e.g., disabled, veterans, children)	47	20%	4%
Children/teens	9	4%	1%
Seniors/elderly	8	3%	1%
Disabled	8	3%	1%
Veterans	4	2%	0%
Diabetics	3	1%	0%
Other (LGBT+, bilingual, etc.)	17	7%	2%
Would like to have better care/avoid certain facilities due to lack of quality	44	19%	4%
Cost of healthcare or insurance high/affordable healthcare or insurance hard to find	35	15%	3%
Would like additional services, e.g. local clinic, urgent care	24	10%	2%
Mental health services needed	19	8%	2%
Prevention/healthy food/fitness/education	18	8%	2%
Need substance abuse services	15	6%	1%
Insurance-related comments e.g., won't cover certain services, want to choose own doctor	15	6%	1%
Comments about IHS/tribal healthcare system	9	4%	1%
Alternative or traditional medicine/alternative healthcare	7	3%	1%
Environmental issues such as water, parks	6	3%	1%
Child abuse/neglect/parenting	5	2%	0%
Crime/law enforcement	5	2%	0%
More dental/dentists	5	2%	0%
Transportation services needed	5	2%	0%
Communicable diseases	4	2%	0%
Housing/homeless	4	2%	0%
Other comments	38	16%	3%
Note: Respondents were permitted to give multiple answers.			

Q40. Our team is working on a report about health in the community. Are there any issues not mentioned earlier in this survey that we should include in our report?

CHA Survey Results - 76

Table: Word Cloud for Question 40

Q40 Our team is working on a report about health in the community. Are there any issues not mentioned earlier in this survey that we should include in our report?



CHA Survey Results - 77

Table: Additional Comments

	Number of respondents	% of those who answered question 288	% of total sample 1108
Need more providers/more specialists/hard to get appointments/going elsewhere for services	107	37%	10%
Cost of healthcare or insurance high/affordable healthcare or insurance hard to find	49	17%	4%
Would like to have better care/avoid certain facilities due to lack of quality	48	17%	4%
Want care for specific condition (e.g., Alzheimer's, prenatal) or specific group (e.g., disabled, veterans, children)	40	14%	4%
Mental health services needed	37	13%	3%
Insurance-related comments e.g., won't cover certain services, want to choose own doctor	29	10%	3%
Would like additional services, e.g. local clinic, urgent care	28	10%	3%
Need substance abuse services	22	8%	2%
Comments about IHS/tribal healthcare system	16	6%	1%
Transportation services needed	12	4%	1%
More dental/dentists	11	4%	1%
Prevention, food, fitness/education	8	3%	1%
Current services are good, improved, improving	6	2%	1%
Housing	6	2%	1%
More collaboration/communication needed between providers	5	2%	0%
More activities for kids	2	1%	0%
Environmental issues such as water, parks	2	1%	0%
Other single comments	62	22%	6%
Note: Respondents were permitted to give multiple answers.			

Q41. What else would you like to tell us about issues related to community health and healthcare that weren't already mentioned in the survey? Feel free to mention health concerns and issues, healthcare provider needs, healthcare needs, groups needing care, etc.

CHA Survey Results - 78

Table: Word Cloud for Question 41

Q41 What else would you like to tell us about issues related to community health and healthcare that weren't already mentioned in the survey? Feel free to mention health concerns and issues, healthcare provider needs, healthcare needs, groups needing care, etc.



CHA Survey Results - 79

Table: Ranking of County's Health by Gender, Race/Ethnicity, Age

	Male	Female	American Indian	Hispanic	White (not Hispanic)	18 to 29 years old	30-39 years old	40-49 years old	50-59 years old	60-69 years old	70 years old and older
Number of respondents	293	803	165	65	819	98	219	206	293	220	65
Rating of County's Overall Health											
Excellent	1%	2%	3%	2%	2%	3%	2%	3%	1%	2%	3%
Good	37%	31%	22%	26%	35%	32%	26%	29%	31%	37%	55%
Fair	51%	54%	52%	65%	53%	47%	58%	55%	55%	52%	38%
Poor	10%	13%	23%	8%	11%	18%	14%	13%	13%	10%	3%
Q3. How would you rate the overall health of the community?											

CHA Survey Results - 80

Table: Priority Health Issues by Gender

	Male	Female
Number of respondents	293	803
Child abuse, neglect, poor parenting	13%	20%
Chronic diseases such as cancer, heart disease, diabetes, lung disease (e.g., COPD)	19%	21%
Hard to get healthcare such as doctor's appointments, mammograms, or other medical services	18%	18%
Healthcare or health insurance is too expensive	33%	31%
Infectious diseases like measles, flu, or salmonella	2%	1%
Lack of daycare for children, elderly, persons with special needs	8%	16%
Lack of dental care/oral health/orthodontics	4%	7%
Lack of resources for children with a chronic physical, developmental, behavioral, or emotional condition such as children on the autism spectrum, those with eyeglasses, etc.	8%	15%
Lack of transportation	10%	11%
Mental and emotional health issues such as depression, suicide, stress, autism	31%	39%
Motor vehicle accidents	4%	3%
Obesity, lack of exercise, lack of healthy, nutritious food	34%	25%
Poverty, homelessness, lack of basic needs such as clean water, food	16%	13%
Racism, differences in health between different race/ethnic groups	3%	5%
Sexually transmitted diseases	2%	5%
Shortage of healthcare specialists such as cardiologists, oncologists, gerontologists, etc.	27%	29%
Substance abuse including alcohol, opioids, illegal drugs, and prescription drugs	63%	61%
Teen pregnancy, lack of pre-natal care and/or infant care	4%	5%
Tobacco use	8%	7%
Violent crime, including domestic violence (violence against husbands, wives or partners)	8%	10%

CHA Survey Results - 81

Table: Priority Health Issues by Race/Ethnicity

	American Indian	Hispanic	White (not Hispanic)
Number of respondents	165	65	819
Child abuse, neglect, poor parenting	21%	20%	18%
Chronic diseases such as cancer, heart disease, diabetes, lung disease (e.g., COPD)	29%	28%	19%
Hard to get healthcare such as doctor's appointments, mammograms, or other medical services	12%	26%	19%
Healthcare or health insurance is too expensive	15%	37%	35%
Infectious diseases like measles, flu, or salmonella	4%	2%	1%
Lack of daycare for children, elderly, persons with special needs	15%	15%	13%
Lack of dental care/oral health/orthodontics	7%	8%	5%
Lack of resources for children with a chronic physical, developmental, behavioral, or emotional condition such as children on the autism spectrum, those with eyeglasses, etc.	14%	15%	13%
Lack of transportation	10%	8%	12%
Mental and emotional health issues such as depression, suicide, stress, autism	27%	37%	39%
Motor vehicle accidents	6%	2%	3%
Obesity, lack of exercise, lack of healthy, nutritious food	33%	23%	27%
Poverty, homelessness, lack of basic needs such as clean water, food	19%	12%	14%
Racism, differences in health between different race/ethnic groups	10%	6%	3%
Sexually transmitted diseases	5%	11%	5%
Shortage of healthcare specialists such as cardiologists, oncologists, gerontologists, etc.	19%	25%	30%
Substance abuse including alcohol, opioids, illegal drugs, and prescription drugs	68%	60%	61%
Teen pregnancy, lack of pre-natal care and/or infant care	7%	3%	5%
Tobacco use	5%	5%	8%
Violent crime, including domestic violence (violence against husbands, wives or partners)	21%	9%	7%

CHA Survey Results - 82

Table: Priority Health Issues by Age Group

	18 to 29 years old	30-39 years old	40-49 years old	50-59 years old	60-69 years old	70 years old and older
Number of respondents	98	219	206	293	220	65
Child abuse, neglect, poor parenting	28%	20%	21%	17%	16%	9%
Chronic diseases such as cancer, heart disease, diabetes, lung disease (e.g., COPD)	12%	20%	19%	20%	26%	18%
Hard to get healthcare such as doctor's appointments, mammograms, or other medical services	12%	22%	23%	16%	16%	18%
Healthcare or health insurance is too expensive	30%	29%	32%	32%	36%	25%
Infectious diseases like measles, flu, or salmonella	6%	2%	1%	1%	0%	2%
Lack of daycare for children, elderly, persons with special needs	21%	19%	12%	11%	13%	6%
Lack of dental care/oral health/orthodontics	5%	4%	5%	6%	9%	6%
Lack of resources for children with a chronic physical, developmental, behavioral, or emotional condition such as children on the autism spectrum, those with eyeglasses, etc.	16%	20%	16%	11%	9%	11%
Lack of transportation	7%	14%	13%	10%	13%	6%
Mental and emotional health issues such as depression, suicide, stress, autism	45%	41%	44%	33%	30%	28%
Motor vehicle accidents	4%	4%	3%	2%	5%	2%
Obesity, lack of exercise, lack of healthy, nutritious food	24%	30%	28%	29%	27%	29%
Poverty, homelessness, lack of basic needs such as clean water, food	13%	16%	16%	13%	13%	12%
Racism, differences in health between different race/ethnic groups	8%	4%	5%	2%	8%	2%
Sexually transmitted diseases	6%	6%	9%	3%	3%	0%
Shortage of healthcare specialists such as cardiologists, oncologists, gerontologists, etc.	28%	26%	26%	26%	32%	37%
Substance abuse including alcohol, opioids, illegal drugs, and prescription drugs	59%	65%	60%	63%	60%	60%
Teen pregnancy, lack of pre-natal care and/or infant care	10%	5%	4%	4%	4%	6%
Tobacco use	6%	6%	12%	5%	7%	5%
Violent crime, including domestic violence (violence against husbands, wives or partners)	13%	7%	10%	9%	10%	6%

Table: Importance of Health Goals and Rankings, by Gender

	Average Score		Rank (1=High)	
	Male	Female	Male	Female
Increase access to daycare for children, elderly, persons with special needs	2.29	2.60	13	12
Increase access to dental care, oral health care, orthodontics	2.20	2.50	16	14
Increase access to healthcare such as doctor's appointments, mammograms, or other medical services	2.46	2.64	8	9
Increase access to services for children with a chronic physical, developmental, behavioral, or emotional condition such as children on the autism spectrum, those with eyeglasses, etc.	2.46	2.70	8	6
Increase the number of healthcare specialists that focus on particular issues such as cardiologists, oncologists, gerontologists, etc.	2.49	2.64	7	9
Increase transportation options	2.07	2.33	19	18
Prevent and treat chronic diseases such as cancer, heart disease, diabetes, lung disease (e.g., COPD)	2.55	2.77	5	5
Prevent and treat Infectious diseases like measles, flu, or salmonella	2.23	2.47	14	16
Prevent and treat mental and emotional health issues such as depression, suicide, stress, autism	2.63	2.84	3	3
Reduce child abuse and neglect and promote good parenting	2.63	2.87	3	2
Reduce motor vehicle accidents	2.09	2.29	18	20
Reduce obesity and promote healthy eating habits and access to healthy, nutritious food	2.51	2.66	6	8
Reduce poverty, homelessness, increase access to basic needs	2.32	2.63	11	11
Reduce racism and reduce differences in health between race/ethnic groups	1.96	2.31	20	19
Reduce sexually transmitted diseases	2.21	2.49	15	15
Reduce substance abuse e.g., alcohol, opioids, illegal drugs, prescription drugs	2.76	2.89	1	1
Reduce teen pregnancy, increase pre-natal care and/or infant care	2.31	2.55	12	13
Reduce the cost of healthcare or health insurance	2.70	2.81	2	4
Reduce tobacco use	2.16	2.34	17	17
Reduce violent crime, including domestic violence (violence against husbands, wives or partners)	2.45	2.69	10	7

Q5. Listed below are ways to improve the health of the community. For each item listed, indicate if it is very important (3), somewhat important (2), not at all important (1) to achieve the goal in order to improve the community's health. Select "N/A" if you have no opinion.

CHA Survey Results - 84

Table: Importance of Health Goals and Rankings, by Ethnic Group

	Average Score			Rank (1=High)		
	American Indian	Hispanic	White	American Indian	Hispanic	White
Increase access to daycare for children, elderly, persons with special needs	2.66	2.63	2.49	12	11	12
Increase access to dental care, oral health care, orthodontics	2.67	2.50	2.37	10	15	15
Increase access to healthcare such as doctor's appointments, mammograms, or other medical services	2.63	2.70	2.58	14	7	8
Increase access to services for children with a chronic physical, developmental, behavioral, or emotional condition such as children on the autism spectrum, those with eyeglasses, etc.	2.79	2.64	2.61	6	10	6
Increase the number of healthcare specialists that focus on particular issues such as cardiologists, oncologists, gerontologists, etc.	2.72	2.75	2.56	8	6	10
Increase transportation options	2.34	2.33	2.24	20	17	18
Prevent and treat chronic diseases such as cancer, heart disease, diabetes, lung disease (e.g., COPD)	2.83	2.77	2.69	4	5	5
Prevent and treat infectious diseases like measles, flu, or salmonella	2.60	2.45	2.36	16	16	16
Prevent and treat mental and emotional health issues such as depression, suicide, stress, autism	2.84	2.82	2.77	3	4	4
Reduce child abuse and neglect and promote good parenting	2.89	2.83	2.80	2	3	2
Reduce motor vehicle accidents	2.48	2.20	2.20	18	20	19
Reduce obesity and promote healthy eating habits and access to healthy food	2.81	2.65	2.58	5	9	8
Reduce poverty, homelessness, increase access to basic needs	2.67	2.58	2.53	10	13	11
Reduce racism and reduce differences in health between race/ethnic groups	2.49	2.25	2.17	17	19	20
Reduce sexually transmitted diseases	2.62	2.54	2.38	15	14	14
Reduce substance abuse e.g., alcohol, opioids, illegal drugs, prescription drugs	2.91	2.85	2.85	1	2	1
Reduce teen pregnancy, increase pre-natal care and/or infant care	2.64	2.62	2.45	13	12	13
Reduce the cost of healthcare or health insurance	2.69	2.94	2.79	9	1	3
Reduce tobacco use	2.36	2.28	2.29	19	18	17
Reduce violent crime, including domestic violence (violence against husbands, wives or partners)	2.79	2.67	2.60	6	8	7

Q5. Listed below are ways to improve the health of the community. For each item listed, indicate if it is very important (3), somewhat important (2), not at all important (1) to achieve the goal in order to improve the community's health. Select "N/A" if you have no opinion.

CHA Survey Results - 85

Table: Importance of Health Goals, by Age

Average Importance Rating	18 to 29 years old	30-39 years old	40-49 years old	50-59 years old	60-69 years old	70 years old and older
Increase access to daycare for children, elderly, persons with special needs	2.63	2.59	2.59	2.46	2.46	2.37
Increase access to dental care, oral health care, orthodontics	2.43	2.40	2.47	2.46	2.42	2.11
Increase access to healthcare such as doctor's appointments, mammograms, or other medical services	2.61	2.65	2.65	2.59	2.54	2.38
Increase access to services for children with a chronic physical, developmental, behavioral, or emotional condition such as children on the autism spectrum, those with eyeglasses, etc.	2.72	2.70	2.66	2.61	2.58	2.48
Increase the number of healthcare specialists that focus on particular issues such as cardiologists, oncologists, gerontologists, etc.	2.53	2.67	2.61	2.57	2.60	2.56
Increase transportation options	2.32	2.33	2.28	2.21	2.29	2.07
Prevent and treat chronic diseases such as cancer, heart disease, diabetes, lung disease (e.g., COPD)	2.68	2.73	2.71	2.67	2.78	2.63
Prevent and treat infectious diseases like measles, flu, or salmonella	2.38	2.43	2.44	2.38	2.41	2.27
Prevent and treat mental and emotional health issues such as depression, suicide, stress, autism	2.83	2.85	2.84	2.76	2.72	2.57
Reduce child abuse and neglect and promote good parenting	2.92	2.85	2.87	2.76	2.75	2.69
Reduce motor vehicle accidents	2.38	2.26	2.26	2.16	2.25	2.11
Reduce obesity and promote healthy eating habits and access to healthy, nutritious food	2.67	2.68	2.65	2.57	2.61	2.45
Reduce poverty, homelessness, increase access to basic needs	2.54	2.57	2.56	2.55	2.57	2.32
Reduce racism and reduce differences in health between race/ethnic groups	2.43	2.26	2.26	2.16	2.22	1.90
Reduce sexually transmitted diseases	2.54	2.51	2.48	2.34	2.36	2.05
Reduce substance abuse e.g., alcohol, opioids, illegal drugs, prescription drugs	2.86	2.91	2.89	2.82	2.82	2.80
Reduce teen pregnancy, increase pre-natal care and/or infant care	2.66	2.51	2.54	2.42	2.44	2.34
Reduce the cost of healthcare or health insurance	2.76	2.81	2.81	2.76	2.83	2.59
Reduce tobacco use	2.40	2.29	2.35	2.25	2.30	2.12
Reduce violent crime, including domestic violence (violence against husbands, wives or partners)	2.74	2.65	2.68	2.58	2.62	2.42

Q5. Listed below are ways to improve the health of the community. For each item listed, indicate if it is very important (3), somewhat important (2), not at all important (1) to achieve the goal in order to improve the community's health. Select "N/A" if you have no opinion.

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Table: Importance of Health Goals Rankings, by Age

Average Importance Ranking (1=Highest)	18 to 29 years old	30-39 years old	40-49 years old	50-59 years old	60-69 years old	70 years old and older
Increase access to daycare for children, elderly, persons with special needs	10	11	11	12	12	11
Increase access to dental care, oral health care, orthodontics	15	16	15	12	14	16
Increase access to healthcare such as doctor's appointments, mammograms, or other medical services	11	9	8	7	11	10
Increase access to services for children with a chronic physical, developmental, behavioral, or emotional condition such as children on the autism spectrum, those with eyeglasses, etc.	6	6	7	6	9	7
Increase the number of healthcare specialists that focus on particular issues such as cardiologists, oncologists, gerontologists, etc.	14	8	10	9	8	6
Increase transportation options	20	17	18	18	18	18
Prevent and treat chronic diseases such as cancer, heart disease, diabetes, lung disease (e.g., COPD)	7	5	5	5	3	3
Prevent and treat infectious diseases like measles, flu, or salmonella	19	15	16	15	15	14
Prevent and treat mental and emotional health issues such as depression, suicide, stress, autism	3	2	3	2	5	5
Reduce child abuse and neglect and promote good parenting	1	2	2	2	4	2
Reduce motor vehicle accidents	18	19	19	19	19	16
Reduce obesity and promote healthy eating habits and access to healthy, nutritious food	8	7	8	9	7	8
Reduce poverty, homelessness, increase access to basic needs	13	12	12	11	10	13
Reduce racism and reduce differences in health between race/ethnic groups	16	19	19	19	20	20
Reduce sexually transmitted diseases	12	13	14	16	16	19
Reduce substance abuse e.g., alcohol, opioids, illegal drugs, prescription drugs	2	1	1	1	2	1
Reduce teen pregnancy, increase pre-natal care and/or infant care	9	13	13	14	13	12
Reduce the cost of healthcare or health insurance	4	4	4	2	1	4
Reduce tobacco use	17	18	17	17	17	15
Reduce violent crime, including domestic violence (violence against husbands, wives or partners)	5	9	6	8	6	9

Q5. Listed below are ways to improve the health of the community. For each item listed, indicate if it is very important (3), somewhat important (2), not at all important (1) to achieve the goal in order to improve the community's health. Select "N/A" if you have no opinion.

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Table: Community Needs for Types of Providers

	Male	Female	American Indian	Hispanic	White (not Hispanic)	18 to 29 years old	30-39 years old	40-49 years old	50-59 years old	60-69 years old	70 years old and older
Need for PRIMARY CARE healthcare providers is being fully met	19%	14%	16%	11%	15%	19%	16%	13%	13%	15%	23%
Need for SPECIALTY healthcare providers is being fully met	8%	5%	12%	6%	5%	6%	5%	7%	5%	5%	8%
Need for BEHAVIORAL HEALTH CARE providers is being fully met	6%	5%	10%	11%	4%	4%	8%	6%	2%	6%	3%
Need for COMMUNICATION AND COORDINATION between providers is being fully met	9%	7%	10%	14%	6%	10%	9%	5%	5%	11%	11%

Q7. Now, we'd like to ask you about healthcare in the community. The term "healthcare" is any and all hospitals, clinics, doctor's offices or anywhere a person might go to see a healthcare provider for a check-up, an illness, etc. Please rate how well the need for PRIMARY CARE healthcare providers is being met in the community. Primary care includes family providers, pediatricians, OB-GYNs and general internists.

Q8. Please rate how well the need for SPECIALTY HEALTHCARE PROVIDERS is being met in the community. Examples of specialty healthcare providers include heart, cancer, brain (neurology), lung (pulmonary), bone/joint and surgeons.

Q9. Please rate how well the need for BEHAVIORAL HEALTHCARE PROVIDERS is being met in the community. Examples of behavioral healthcare providers are psychologists, counselors and others who deal with emotional and mental health.

Q10. One aspect of healthcare is COMMUNICATION AND COORDINATION. An example of communication and coordination is when a specialist talks to a primary care provider about a patient's condition. That way, the specialist and the primary care provider can make sure that they are coordinating the patient's medications, treatment, and recommendations.

Table: Percent Who Did Not Receive Health Care Services

	Male	Female	American Indian	Hispanic	White (not Hispanic)
Went without receiving needed health care services	33%	49%	53%	42%	43%

	18 to 29 years old	30-39 years old	40-49 years old	50-59 years old	60-69 years old	70 years old and older
Went without receiving needed health care services	49%	52%	51%	44%	36%	23%

Q17. In the past 12 months, did you or anyone else in your household go without getting health care services that they needed?

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	Very important	Somewhat important	Not at all important	NA
Reduce sexually transmitted diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce teen pregnancy, increase pre-natal care and/or infant care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce child abuse and neglect and promote good parenting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce substance abuse including alcohol, opioids, illegal drugs, and prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevent and treat infectious diseases like measles, flu, or salmonella	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevent and treat chronic diseases such as cancer, heart disease, diabetes, lung disease (e.g., COPD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce obesity and promote healthy eating habits and access to healthy, nutritious food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce poverty and homelessness and increase access to basic needs such as clean water, food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevent and treat mental and emotional health issues such as depression, suicide, stress, autism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce racism and reduce differences in health between racial/ethnic groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce violent crime, including domestic violence (violence against husbands, wives or partners)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase transportation options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3

	Very important	Somewhat important	Not at all important	NA
Reduce motor vehicle accidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase the number of healthcare specialists that focus on particular issues such as cardiologists, oncologists, gerontologists, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase access to healthcare such as doctor's appointments, mammograms, or other medical services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce the cost of healthcare or health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase access to services for children with a chronic physical, developmental, behavioral, or emotional condition such as children on the autism spectrum, those with eyeglasses, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase access to daycare for children, elderly, persons with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase access to dental care, oral health care, orthodontics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>			

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6. Below are some activities related to healthcare. For each item listed, indicate if it is very important, somewhat important, not at all important to improve the community's health.

	Very important	Somewhat important	Not at all important	N/A
Getting routine physicals, including lab tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting appropriate screening exams (mammogram, Pap test, PSA, colonoscopy, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having regular dental checkups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting recommended immunizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having regular eye exams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting prenatal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 7. Now, we'd like to ask you about healthcare in the community. The term "healthcare" is any and all hospitals, clinics, doctor's offices or anywhere a person might go to see a healthcare provider for a check-up, an illness, etc.

Please rate how well the need for PRIMARY CARE healthcare providers is being met in the community. Primary care includes family providers, pediatricians, OB-GYNs and general internists.

	Fully met	Partially met	Not met at all	N/A
The need for PRIMARY CARE healthcare providers is being...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please rate how well the need for SPECIALTY HEALTHCARE PROVIDERS is being met in the community. Examples of specialty healthcare providers include heart, cancer, brain (neurology), lung (pulmonary), bone/joint and surgeons.

	Fully met	Partially met	Not met at all	N/A
The need for SPECIALTY HEALTHCARE PROVIDERS in the community is being...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5

9. Please rate how well the need for BEHAVIORAL HEALTHCARE PROVIDERS is being met in the community. Examples of behavioral healthcare providers are psychologists, counselors and others who deal with emotional and mental health.

	Fully met	Partially met	Not met at all	N/A
The need for BEHAVIORAL HEALTHCARE PROVIDERS in the community is being...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Navajo County Community Health Survey

4. Healthcare

10. One aspect of healthcare is COMMUNICATION AND COORDINATION. An example of communication and coordination is when a specialist talks to a primary care provider about a patient's condition. That way, the specialist and the primary care provider can make sure that they are coordinating the patient's medications, treatment, and recommendations.

	Fully met	Partially met	Not met at all	N/A
The need for COMMUNICATION AND COORDINATION OF CARE among clinics and health care providers in the community is being...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6

* 11. Please rate how well the need for each of these health care services is being met in the community. Select "N/A" if you have no opinion or don't know.

	Fully met	Partially met	Not met at all	N/A
Urgent care or walk-in clinic for unscheduled visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient testing such as lab & x-ray	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehabilitation services for physical, speech, and occupational therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital care for emergency room (ER) visits & overnight stays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice services for comfort care and end-of-life care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for children with special health care needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental or emotional health services (counseling, psychiatry, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse (drug or alcohol abuse) services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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12. Please rate how well the need for these health care services is being met in the community.

	Fully met	Partially met	Not met at all	N/A
Kidney dialysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ambulance services & emergency transports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractic care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternative medicine such as acupuncture, naturopathic, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing home care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assisted living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical equipment such as oxygen, wheelchairs, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. For each group below, please rate how well healthcare services in the community are meeting the needs of these groups of residents.

Are the healthcare needs of _____ being fully met, partially met, not met at all?

	Fully met	Partially met	Not met at all	N/A
Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Young families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low income residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racial and ethnic minorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visitors and seasonal residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals without health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. List any other populations or groups that have unmet healthcare needs in the community.

8

* 15. Now we'd like to ask you about health and healthcare needs in your household.

In the past 12 months, did you or anyone in your household need health care services for any reason (illness, check-up, etc.)?

- ☐ Yes
☐ No

Navajo County Community Health Survey

5. Getting Healthcare Services

16. In the past 12 months, did you or anyone in your household have to travel more than 40 miles in order to receive the health care services they needed?

- ☐ Yes
☐ No

* 17. In the past 12 months, did you or anyone else in your household go without getting health care services that they needed?

- ☐ Someone in my household went without getting needed healthcare services
☐ All members of my household got healthcare services they needed

Navajo County Community Health Survey

6. More on Healthcare Services

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18. From the list below, select the reasons that prevented you or a member of your household from getting the care needed during the past 12 months. Check all that apply.

- ☐ Cost of co-pay too expensive
☐ Cost of service too expensive (don't have insurance or insurance doesn't cover cost)
☐ Cost of health insurance too expensive
☐ Didn't have transportation
☐ Couldn't get a convenient appointment time
☐ Couldn't find provider who speaks language
☐ I have, or my family member has physical or mental limitations
☐ Didn't have child care/lost of child care
☐ Didn't know who to call
☐ Wasn't satisfied with choice of providers
☐ Service wasn't available locally

Other (please specify)

10

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19. Please indicate if you or a member of your household were able to get the specific healthcare services mentioned below when needed in the past 12 months. Select "N/A" if the item does not apply to you or your household members.

In the past 12 months, were you/your household members able to get healthcare services for...

	Yes	No	N/A
Asthma, COPD & other respiratory diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke and other neurological disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental and emotional health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance (drugs or alcohol) abuse and addictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alzheimer's disease and other dementia disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children with special healthcare needs such as autism or poor eyesight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Navajo County Community Health Survey

7. About You

20. The last few questions are about you and your health.

	Excellent	Good	Fair	Poor
How would you rate your own health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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21. Do you currently have a doctor or other medical provider that you consider to be your primary care provider? This would be the provider that you call or go to whenever you are sick or need a check-up, etc.

- ☐ Yes
☐ No
☐ Don't know

* 22. Which of the following best describes your health insurance coverage? Check all that apply.

- ☐ I do not have any type of health insurance
☐ Health insurance through a group policy, such as an employer
☐ Health insurance through an individual policy
☐ Medicare - Traditional (you choose your healthcare providers and hospitals)
☐ Medicare - HMO or PPO (limited choice of healthcare providers and hospitals)
☐ AZLTC
☐ SSI Medicare (65 and under)
☐ AHCCCS, CRS or Medicaid
☐ KidsCare
☐ Indian Health Service
☐ Veteran's Administration

Other (please specify)

23. This section includes questions about you and your household. Your answers will be combined with answers from others so we can look at the needs of different groups, e.g. seniors, rural residents, etc.

Which of the following best describes you?

- ☐ Male
☐ Female
☐ Other

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24. Which of the following includes your age?

- ☐ 18-19 years old ☐ 50-59 years old
☐ 20-29 years old ☐ 60-69 years old
☐ 30-39 years old ☐ 70 years old and older
☐ 40-49 years old

25. Which race/ethnicity best describes you? (Please choose only one.)

- ☐ American Indian or Alaskan Native ☐ Hispanic
☐ Asian / Pacific Islander ☐ White (not Hispanic)
☐ Black or African American
☐ Other (please specify)

26. Have you ever served in any branch of the United States military, or not?

- ☐ Yes
☐ No

27. What is the highest level of education you have completed?

- ☐ Grade school or part of high school
☐ High school graduate or GED
☐ Some college or associate's degree
☐ Bachelor's or graduate degree

* 28. Which of the following best describes your employment status?

- ☐ Retired ☐ Not working, LOOKING for work
☐ Working 40 hours per week or more ☐ Not working, NOT looking for work
☐ Working fewer than 40 hours per week

Other (please specify)

13

29. Which of the following best describes the location where you LIVE?

- ☐ I live on the Higo Reservation/Nation ☐ I live on tribal land not mentioned above
☐ I live on the Navajo Nation ☐ I do not live on tribal land
☐ I live on White Mountain Apache Reservation

Other (please specify)

* 30. In what COUNTY do you live?

- ☐ Navajo County

Other (please specify)

* 31. What is your zip code?

Navajo County Community Health Survey

8. About Your Household

32. What city or town is the nearest to where you live?

33. Which of the following describes you?

- ☐ Full-time resident of Navajo County
☐ Part-time/seasonal resident of Navajo County

Other (please specify)

14

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34. How much total combined money did all members of your HOUSEHOLD earn in 2017?

This includes money from jobs (hourly pay, salary tips, etc); net income from business, farm, or rent; pensions; dividends; interest; social security payments; and any other money income received by members of your HOUSEHOLD that are eighteen (18) years of age or older.

If you don't know the exact amount a best guess or estimate is fine.

- | | |
|--|---|
| <input type="radio"/> \$ 12,000 or less | <input type="radio"/> \$ 52,000 to \$ 55,000 |
| <input type="radio"/> \$ 13,000 to \$ 16,500 | <input type="radio"/> \$ 56,000 to \$60,000 |
| <input type="radio"/> \$ 17,000 to \$ 21,000 | <input type="radio"/> \$ 61,000 to \$ 64,000 |
| <input type="radio"/> \$ 22,000 to \$ 25,000 | <input type="radio"/> \$ 65,000 to \$ 68,000 |
| <input type="radio"/> \$ 26,000 to \$ 29,500 | <input type="radio"/> \$ 69,000 to \$ 80,000 |
| <input type="radio"/> \$ 30,000 to \$ 34,000 | <input type="radio"/> \$ 81,000 to \$ 90,000 |
| <input type="radio"/> \$35,000 to \$ 38,000 | <input type="radio"/> \$ 91,000 to \$ 100,000 |
| <input type="radio"/> \$ 39,000 to \$ 42,500 | <input type="radio"/> Over \$ 100,000 |
| <input type="radio"/> \$ 43,000 to \$ 47,000 | <input type="radio"/> Don't know |
| <input type="radio"/> \$ 48,000 to \$ 51,000 | |

Other (please specify)

* 35. How many individuals live in your household, including yourself? If you live alone select "1", if you live with one other person, select "2" and so on.

36. Is there at least one person under the age of 18 living in your household?

- ☐ Yes
☐ No

Navajo County Community Health Survey

9. More on Household

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37. If yes to question above, is there at least one person under 18 who has a chronic physical, developmental, behavioral, or emotional condition such as autism, poor eyesight (needs eyeglasses), etc.?

- ☐ Yes
☐ No

38. Is there at least one person 60 years old or older living in your household?

- ☐ Yes
☐ No

39. Is there at least one person with a disability living in your household?

- ☐ Yes
☐ No

Navajo County Community Health Survey

10. What else would you like to tell us?

40. Our team is working on a report about health in the community. Are there any issues not mentioned earlier in this survey that we should include in our report?

41. What else would you like to tell us about issues related to community health and healthcare that weren't already mentioned in the survey? Feel free to mention health concerns and issues, healthcare provider needs, healthcare needs, groups needing care, etc.

Navajo County Community Health Survey

11. Thank You

Thank you for participating in the Navajo County Community Health Survey! Results of the survey will be posted on the Navajo County Public Health Services website by May 31, 2018.

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Appendix D: Navajo County Community Health Assessment (CHA) Focus Group Results and Meetings with County Leaders



Navajo County Community Health Assessment Focus Group Report and Meetings with County Leaders April 2018

Introduction

In January 2018, a group of public health and healthcare agencies joined together to conduct community health planning for Navajo County. The agencies include the following:

- ChangePoint Integrated Health
- Navajo County Public Health Services District
- North Country Healthcare
- Northeastern Arizona Innovative Workforce Solutions
- Northland Pioneer College
- Summit Healthcare

The first part of the community health planning process is to conduct a community health assessment. The assessment will examine health and healthcare, including residents' and leaders' views of the current state of health in the community (January to July 2018). The second part of the process will be to create a community health improvement plan to guide public health and healthcare activities for the next decade (August to December 2018).

The first part of the community health planning process, the community health assessment, consists of three separate research projects:

1. A large scale (quantitative) survey of Navajo County residents (fielded in April 2018) which will show which public health issues are most important to residents and how they see the status of health and healthcare in the community.

2. A summary of epidemiological data such as leading causes of death, incidence of diabetes, and mental health statistics among county residents.
3. Two focus groups with resident and two meetings with elected officials (qualitative) to add context and explanation to the survey and epidemiological data.

This report provides the findings from the focus groups and meetings. It begins with an explanation of how the research was conducted (method), findings including quotes from group participants, and conclusions.

Method

Focus Groups Among Residents

The first discussion was held on March 27, 2018 at the Winslow Visitor Center (Chamber of Commerce) in Winslow, Arizona. Nine participants attended the discussion group. The second discussion was held on March 28, 2018 in Lakeside (near Show Low) at Solterra Senior Center. Ten participants attended the session in Lakeside. There was a professional facilitator and two NCPHSD staff serving as note-takers at each group. The discussion guide used by the facilitator can be found in Appendix D-1. Respondents were not given a monetary incentive but did receive a meal and a blood pressure monitor as a gift.

The participants represented a range of gender, age, race/ethnicity, marital status, parental status (those without children, parents of young children, parents of older children, grandparents), working status (retired, working full-time, working part-time) and geography (residents of White River Apache Reservation, Heber/Overgaard, Show Low, Winslow, Taylor, and Lakeside).

All participants signed consent forms agreeing to participate in the research voluntarily and to be audio taped. All text appearing in quotes in this report were taken verbatim from participants' comments.

Meetings with Supervisors

In March 2018, two separate meetings were held with two elected officials. The Navajo County Chief Health Officer, Jeff Lee, facilitated the one-on-one conversations. Each session followed the same format as the resident focus groups (Appendix D-1), including questions on the definition of a healthy community, the most important health problems/issues, and ideas on how to improve the health of the community. The officials were also asked to identify issues they wanted to learn more about and were given a short briefing on the health assessment process and the status of several health issues in the county.

Focus Groups Among Residents - Results

Definition of "Healthy Community"

When asked how they define or characterize a "healthy community," participants mentioned a number of different themes. These themes were not limited to narrow definitions of "health" or "healthcare," but

rather, extended to community pride, parenthood, crime, and many other areas.

One theme that featured prominently was the importance of community support. Participants cited many examples of how a healthy community needs “people working together” and “respecting others.” You need to have “pride in your community” and do volunteer work to help others. (Many of the participants are currently volunteering with local organizations.) Two participants described it as follows:

“I watch a lot of English shows and I just love it when they go to a village and the people are always just, you know, talking about how wonderful their village is, how their parents lived there, how their grandparents lived there...They are very proud.”

“What makes a healthy community is various support groups so if you’re trying to do something – like lose weight – there are groups. You don’t have to do it on your own.”

Having a sound social and economic base also contributes to making a healthy community, according to the participants. One talked about the importance of education and the economy:

“A good healthy community needs a good school, good community college and a good economic development...To me, where we are at today is because we need more jobs for the people, I think, so they can work. And if you don’t do that, and if you got nothing...then you have lots of problems.”

Of course, the notion of “healthy” is also rooted in individual health behaviors. In a healthy community, children and adults alike would be eating nutritious food, exercising, and avoiding drugs and alcohol. As one participant put it:

“Eating good. Being active. Exercising. Have the education to know what to do to be healthy.”

Having resources for those who need it is important for creating a healthy community. Participants frequently mentioned the value of entities that can help residents with everything from losing weight to beating alcoholism to counseling on lactation. Ideally, there would be one phone number where residents could call and get directed to the resources they need. One respondent mentioned that this would be important for disabled, as well as abled, residents.

“Community, where you can find – like, if you need help, who do you call? Support groups and what not.”

“Family support outreach...For families being able to get help or reach out to other entities to get counseling or different areas of health, there are so many different areas...mentally, physically.”

“I think we need a disability commission up in Navajo County, like Los Angeles has, and just to kind of help for self-advocacy to what type of community should we do. I’d like to see that happen.”

A healthy community, said the participants, also includes many types of healthcare and the ability to get that healthcare. Participants mentioned that access to mental health, disease prevention, health promotion, and holistic care are all important. “Everyone is up-to-date on their vaccinations” in a healthy community, said one participant. Finally, there would be transportation to healthcare facilities and appointments. One liked the Canadian model of healthcare which she called “socialized medicine.” Typical comments included:

“Importance of accessibility to good health care, in particular mental health care is a big thing for a healthy community...Easy accessibility to excellent healthcare where their personal financial decisions won’t interfere with seeking care.”

“A holistic approach – not just going to the doctor when you need to but having services available for prevention. It would be wonderful if there were a clinic here that was open on a sliding scale.”

“Most kids have a disability disease and more kids have health issues. Sometimes they cannot find a good community to live. I’ve seen children have PDD [pervasive developmental disorder], oxygen, so we have to think about what a good community is.”

Environmental factors were also a part of a healthy community. The community should be clean with no trash or dog waste and free of smoke. One participant contrasted this to Laughlin, Nevada where she experienced both cigarette and marijuana smoke that left her with sinus difficulties. The recent addition of community gardens (in both Winslow and Show Low) are the types of activities that makes a community healthy, as are playgrounds. In addition, both gardens and playgrounds contribute to the social fabric of the community.

“What would make it good is a lot of playgrounds in each community. When we’ve researched this - that the playgrounds where children can play, they feel safe. If we don’t have a healthy place for them to be, then it’s hard.”

Issues and Problems

“A lot of our issues...are from being in a rural, small area. And that’s something that – if you don’t live in Phoenix or you know, even Flagstaff ---too bad for you.”

-- Focus Group Participant

Participants in the focus groups had an extensive list of issues and problems that they feel exist in the community. As indicated by the quote above, the participants realize that many of their concerns are not unique to their community but are still relevant to them. Each of the following sections summarizes a prominent theme that was mentioned by the participants.

Unhealthy Children

A common and clearly pressing concern for many participants is the health and well-being of children. Many participants stated that children in the community are “out of control,” “want things their way,” and have “anger issues.” One compared today’s teens with the characters in the 1960s movie *To Sir with Love*. In the film, a new teacher encounters students so unruly that he has to teach them basic life skills and respect rather than school subjects. Another participant said:

“We live by a school...the kids being raised nowadays are so disrespectful...This new generation is very disrespectful, very disrespectful. People don’t know how to raise kids.”

Children, they said, are given no guidelines by which to live. Parents aren’t raising their kids to clean up after themselves, there is not enough parental control, and parents often turn a blind eye to problems. What’s missing, said one, is “strong family values.”

Other participants said that the problem is not just about discipline, but parents are also not providing encouragement so that children can build self-esteem.

“[There is a] lack of consistent support; encouragement, and discipline. Setting guidelines. Just – just *encouraging* our kids that they can be anything they want to be. But they just don’t have that consistent base of people doing that for them.”

Participants unanimously agreed that technology such as video games and handheld devices will cause today’s children to be less healthy than their parents. Children are driven to school instead of walking, one participant pointed out, unlike their grandparents who “walked to school in blizzards.” Another said that he observed kids playing games and they “get winded – *early*.” One mother talked about how her kids love to play outside, but even she conceded that her eldest child was starting to turn to technology:

“My kids love to be outside. Well, my [eldest child] six-year-old now’s starting to do the tablet thing, but...they want to dig in the dirt.”

“I’ve noticed that kids don’t *want* to go outside to play. It’s not the parents, it’s the kids. And the parents allow them to be inside and there’s so much easy access to technology inside...I think it’s a real deterrent to playing outside. Too much availability to technology.”

One contributing factor is that there are no or few free activities for kids. Swimming lessons, Little League and other group activities are costly. Said one participant, “Only people with money can do these things.” One participant described it this way:

“For me, as a parent, we try to put my kids in *everything*, you know, I have three kids that are in the Little League that play baseball and softball. My daughter did soccer and my other one did tumbling. And we try and do everything...But not all parents can do that.”

“In Show Low, I never see kids go outside and play that much. I think their parents don’t...have time to play.”

Another problem is keeping children away from unhealthy foods. One mother says she tries to keep healthy food at home, but candy and other “junk food” is available to her children in other places. She said that her children’s school serves mostly healthy food in the cafeteria but there is unhealthy snack food for sale every day in the school.

“I am amazed at the amount of sugar in this town! Everything is throwing candy at kids...”

“My kids, they do like fruits and vegetables and things like that. But when they get money or their friends get money, the first thing they do is go to Circle K and buy the chips and, you know, [candy bars]. And it drives me crazy because I don’t let them have that stuff in my house -- but I can’t be with them 24/7.”

“In White River [Indian Community], where we work, there are four-year-olds and I would say 50% of them are already overweight or obese...A lot of them eat a lot of the fast foods -- and it’s not just their weight -- it’s dental that goes with their diet.”

Ironically, the plethora of unhealthy foods can translate into hunger. One participant described the problem as follows:

“If you’ve never had a hungry child in your classrooms or anything, they can’t concentrate...Because parents are gone, there’s no controls and they...eat potato chips all day and processed, like, cupcakes and stuff like that – they’re hungry but they’re putting on weight because they’re not moving or anything.”

The situation was not all negative, however, as some participants pointed out locations where children can get healthy food. “One good thing about Head Start,” said one, “is there is no candy and they have a very good diet and nutrition.” Head Start has moved away from parties focused on food. Instead, the children get stickers, bubbles, and other toys for birthdays and other celebrations. Of course, healthy foods are available at home, so foods brought from home are the best. One mother said her high schooler avoids cafeteria food entirely, opting to take snacks such as tangerines, pretzels, and water with her instead.

One participant said that the sedentary and easy lifestyle experienced by children today might later be mitigated by advancements in medical technology. However, they also pointed out that the cost of healthcare is high, and going higher, which might prohibit the less fortunate from taking advantage of any medical advances.

Alcohol and Drugs

Focus group participants agreed that residents can get access to illegal drugs easily in the community, including, and especially, in prison. Among the available drugs are methamphetamines, heroin, and other opioids. They also acknowledged the abuse of prescription opioids and other drugs which can be obtained from pain doctors. The Indian Health Service (IHS) now has a database of patients that is used by all IHS facilities, said one participant. This discourages the practice of moving from doctor to doctor to obtain more pain medications and may decrease the practice somewhat.

In Winslow, participants said that the proximity to tribal communities adds to the complexity of alcohol abuse in the community. At times, residents of the tribal nations will come to Winslow to purchase and drink alcohol as alcohol is not sold on tribal land. Sometimes, an individual will buy large quantities of alcohol, presumably to take back to the tribal community. Participants said that because transportation is provided from tribal communities to alcohol addiction meetings in Winslow (such as Alcoholics Anonymous), some participants attend the meeting as a way to reach Winslow, where they can buy more alcohol.

“They do have these taxis. And they bring the people in to town from the reservation and they’ll go to, like, go to the [alcohol addiction] meeting because they have to get the form signed. Then they will go to Walmart or Safeway and get their booze and go back to the reservation.”

“Out on the reservation...Where there’s two or three of the same family living there – there’s two or three houses – and everybody’s drinking. And so you’ve got one person who’s trying to stop, but they’re living in that – living in that environment.”

Alcoholism is not exclusive to residents of tribal communities. Participants said that alcoholism is a concern for many other residents, as well. One even said she wished her community was “a dry city.” Participants don’t blame the problem on drinking establishments. There is only one bar in Winslow, they said, but most people purchase alcohol at a convenience store and consume it outside or at home.

For some residents, alcohol and drug problems are long-lasting, even multi-generational. One participant said she knows people with whom she “partied” as a teen who are in their thirties or thirties and are still living with their parents and are still “strung out.” Another said:

“Drug abuse is a generational thing here. A lot of the parents that are trying to, um, to parent, well these people are strung out on meth and marijuana and prescription. And then the grandparents are, like, alcoholics in some cases.”

Eating Right and Other Healthy Habits

Encouraging children to eat healthy foods is always a struggle, as mentioned earlier, but these struggles extend to the participants themselves and other adults in the household. Practicing healthy behaviors is

important to many residents, although they admit that it can be challenging. Participants are aware that certain foods and exercise are healthy, and many talk about trying to buy and serve healthy foods and limit unhealthy ones for their families.

While many try -- or actually do -- to eat healthy foods, they are not immune to the appeal of unhealthy foods. One participant said he eats organic vegetables but "I drink pop every morning." One participant said that her husband usually eats healthy foods, even taking healthy foods with him to work for lunch. She described him taking out some cherry tomatoes at work, and his colleagues saying, "What is that?" She also described her husband's tendency to succumb when there are tempting foods at hand:

"When I go shopping I don't really get, like, chips because -- or cookies -- because my husband he has no control...Instead of getting two [cookies]...like with the kids [I say] 'You get two.' And here he comes with seven. And that's not right! And that's why I don't buy that..."

One participant said she has changed what she eats from her childhood diet. She now makes fry bread only twice per year and doesn't make tortillas at all, because they both of these foods require "too much work" and are "too fatty." Another considers herself lucky because she grew up in a healthy environment:

"My mom was just very ingenious. She had a huge garden, she had honeybees. We raised rabbits. And so I think I was very blessed to grow up with that. You know, that's what I knew."

Participants reported that community garden members enjoyed various vegetables since the garden started, particularly at harvest times. In some cases, however, new garden members did not even recognize some of the vegetables being produced and had to be educated about how to use and cook them.

"People who get vegetables and commodities and different things -- they don't know how to prepare them...They don't know how to do it because people are so used to throwing a TV dinner in or bringing home something - you know - from a deli or restaurant and eating it. They don't know how to go back to the basics."

Unfortunately, community gardens can produce a limited amount of food, so they can only serve a small proportion of the community.

A goal for many is to buy plenty of fruits and vegetables, preferably organic, to have on hand. Yet, organic foods, which they see as healthier, are more costly. An interchange between two participants was the following:

"Participant #1: "One *huge* problem is foods that are good for you cost more than foods that are bad for you."

"Participant #2: "Yeah - organic foods, like, if you buy them at the store, are expensive."

“R1: “Fresh vegetables cost more so those kinds of things if you are on a budget... I have this much money to spend, I got to feed this many people -- so you got to figure that out.”

Participants were clear, however that eating these healthy offerings takes more time and money. “Foods that are good for you cost more than foods that are bad for you,” said one. “It takes time to prepare healthy foods,” said another. “I’m too lazy to cook,” said another, who says he gets most meals from restaurants.

There was another factor discouraging some participants or members of their families from eating healthy food – it doesn’t taste good. In one participant’s former high school cafeteria, the only things he liked were the pizza and hot dogs. The only healthy food he found tolerable was a yogurt parfait that was introduced during his high school tenure. Others talked about the lack of seasoning or salt in school foods, which they admitted makes them less appealing to children (or anyone else). One person who had worked at a school said, “Their pasta is *gross* – it’s still fresh in my brain!”

As for exercise and activity, residents are struggling to get or stay on track. “I exercise regularly,” said one participant and others talked about being active. One participant got a treadmill and “swore on New Year’s Day” that he would use it regularly. Two days later, he reported, he stopped using the machine. A participant summed up the human relationship with healthy behaviors, saying, “People may know. They may have the knowledge. But putting it into action is a completely different scenario.” This participant said it helps to have support and coaching to meet health goals.

Medical Care

Residents are aware of medical and behavioral health resources in the community. Many participants had used one or more of the services. Among the resources mentioned in the course of the group discussions were the following:

- Medical: Little Colorado Medical Center, Indian Health Service (IHS) facilities, Summit Healthcare, Payson Regional Hospital, Flagstaff Medical Center, STAT Urgent Care Medical Clinic, North Country HealthCare, Veteran’s Administration, private practice offices, Healthy Steps (lactation and other services)
- Insurance: Medicare, Blue Cross/Blue Shield, AHCCCS
- Behavioral: Pineview Psychiatric Hospital, Guidance Center, ChangePoint, Winslow Guidance Associates (WGA)
- Behavioral health support: Alcoholics Anonymous, Pregnancy Center, Alice’s Place, Family Advocacy Center (for children with traumatic experiences)

In both areas of the county, the participants lamented about the shortage of healthcare providers. Most had a regular doctor or other type of primary care provider, but in the past, they’ve lost their doctors to retirement, moving away, or even working in Flagstaff. “The wives don’t like it here,” said several participants explaining why it is difficult to recruit and keep qualified providers. The doctors who do stay have a heavy patient load and often end up not taking any new patients. One nurse practitioner now has a list of 1,000 patients, claimed

one participant.

“Doctors are busy, really busy, so time goes by quick for them. But the wives do not like it up here. Which means if the doctor has a three-year contract, he isn’t going to stay past three years, because his wife is so unhappy.”

“A big problem with doctors here is they don’t take new patients. Like, I see a doctor in Flagstaff because...no one [in Winslow] was taking new patients....[Doctor’s name] wouldn’t see me, even though I tried to argue that he was my mom’s doctor and when she died, that left an opening...And he said ‘No.’”

The same pattern is even more pronounced for medical specialists. There are few specialists and when one leaves, it can be months before they are replaced. Even physical therapy clinics can be unavailable. One participant said she scheduled her physical therapy several months in advance of her surgery so that when she needed the physical therapy for rehabilitation after surgery, there would be appointments available. For cancer therapy such as radiation, the wait can be months. The exception is the VA which will shuttle their qualified patients to Phoenix or Tucson for specialty care.

As a result of this shortage, and the cost of insurance, many use the hospital emergency department as a primary source of care. Several participants said they use the hospital – either because they don’t have a regular provider, or they don’t have insurance, or the hospital is the only facility available:

“My sister is 95 and her kids don’t live here so, you know, I’m kind of the one who sees to her. And I have to take her to emergency quite a bit. She’ll start feeling bad on Tuesday, and then on Saturday will call me and say, you know, “Oh, I really feel bad now.’ So, we have, there’s no other place to go.”

Not surprisingly, seeking care at the hospital emergency room usually involves a long wait. In the case of the 95-year-old above, the wait is sometimes so long that she chooses to return home without care, according to her sister.

Alternately, some specifically choose to drive the distance to Flagstaff, Scottsdale or Phoenix for care as they prefer the options available there. The providers at the local facility in Navajo County “don’t have the best reputation,” said one participant who drives to Flagstaff for emergency or urgent care. One said, “I’d rather die on the way to Flagstaff than die here.” Another said that she gets any medical care, including urgent care, exclusively in Scottsdale at one of the hospitals there because she does not like the services that are offered locally. One participant stated that the local Indian Health Service facility would take urgent care patients even if they were not Native American/American Indian. Most of the focus group participants stated that they were unaware of this resource.

To get medical supplies in the community also presents a challenge. Getting specific supplies can require a trip outside the county, as explained here:

“If you come home from rehab and you had surgery on your arm and you need certain things, you have to go to Flagstaff...So if you needed an elevated toilet seat or you needed certain things that we need...when you go home...How do you get into the bathtub?”

Interestingly, at least one participant defined his health not by his current *natural* condition, but by how well modern medical care could make him. As shown in the description below, this participant has a variety of health issues, but because these issues are being moderated by medications and other medical means, he considers himself “healthy:”

“I get all of my stuff through the VA [Veterans Affairs] because I’m considered 100% disabled. OK. And physically as far as health...they’ve got me the hearing aids, the teeth. I had cataract surgery, everything...I have to take my insulin every night and I take pills in the morning...So my health has been really, really good. I thank the good lord for keeping me healthy.”

The topic of transportation to and from medical appointments arose during the conversations. For the most part, residents rely on personal transportation – either driving their own vehicles or getting rides from friends and family in their vehicles. There is also an inexpensive public bus system in the Show Low area, but participants said that it was slow and was limited in its range. One participant said that AHCCCS will cover transportation for those who are covered by this plan. One respondent informed the group that both disabled and abled residents can use the Americans with Disabilities Act (ADA) car service, which costs \$5-10. Very few of the participants were aware of this resource.

Cultural/Linguistic Issues

When asked about cultural and language issues in the community, participants said that Native Americans/American Indians had many resources at their disposal, particularly at the Indian Health Services facilities. “They have everything at IHS,” said one. This includes weight loss programs, exercise programs, and yoga classes. According to participants, IHS and other services are providing culturally appropriate support in many forms:

“My daughter works at Community Bridges, which is a sober recovery unit...They have a full-time – a medicine man – on staff and another, um, full-time guy that does cultural healing and sage something and prayer...I know they have created those positions to help with some of the cultural differences to help people in a way that would be more suited to their culture.”

“One of the things I really enjoyed about working at IHS, or with the Native population, is, um, some of them would come from the reservation, could not speak English, they *always* brought an interpreter. And you don’t see that with other cultures.”

It is important to note that while there were some American Indian participants in the focus groups, they may or may not have felt comfortable expressing criticisms or problems related to cultural issues in the focus group setting. A different approach would be needed to research this issue.

Insurance

Participants in the group had a range of experiences – both good and bad -- with health insurance. On the one hand, many enjoyed the benefits of insurance, such as AHCCCS, Kids Care, Medicare, Veterans Affairs (VA) and insurance offered through their work places. One respondent had reasonably priced insurance from her professional association that covered most if not all of her medical expenses. Those who had VA or insurance through the tribal community were pleased with the cost of premiums and the range of services covered.

On the other hand, some found that their insurance was too limited in the services it covers. For example, one respondent described her experience with a broken wrist. Even though she had health insurance, she could not get the recommended treatment:

“I broke my wrist and the doctor at North Country -- I didn’t have Medicare yet – sent me to Flagstaff to get MRI on it. So, I went there and they said, ‘That’ll be \$1,500 that you have to pay to get the MRI.’ So, I said, ‘Forget the MRI. Forget the \$10,000 surgery with the pin.’ And I just had them put a cast on it. But my doctor [in Winslow], he wasn’t happy about it but what was I gonna do?”

Another respondent, although positive about Medicare for the most part, pointed out that it doesn’t cover eye or dental care. In addition, Medicare is hard to “figure out” and “there’s no handbook to tell you” how it works. Similarly, those covered by IHS thought that there may be charges when a patient has to be flown out of the area for care.

For some, the solution to the high cost of medical care is to opt out of any health insurance at all for themselves or their families. One respondent said that as a self-employed person, she would have to pay \$1,500 per month to insure her family and she can’t afford that. “I cannot afford to see a doctor. I will die before I end up going to a doctor,” said one participant. Some figure that paying out-of-pocket for all necessary care is going to be cheaper than carrying insurance. The participants claimed that only those who work for the prison or the hospital or have insurance from somewhere they worked earlier in life, actually pay for insurance. One said that her family’s income is too high to qualify for AHCCCS, but not high enough that she and her husband can afford to purchase insurance. Some feel they can avoid the doctor by using prevention methods, as this participant explained:

“We do more home remedies and just try to do good hygiene and vitamins and eat good and you know the best that we can without having to take medicine or go see a doctor.”

Finally, participants pointed out that insurance does not cover preventive care. For example, while Medicare will cover medications for diabetes, it will not cover visits with a dietician, an intervention that might help to prevent diabetes. One participant put it this way:

“Just the cost of healthcare today -- and you know it’s going to rise. How many people could actually afford good healthcare that even allows you to go do preventable health versus just going when you are absolutely sick? There’s no resources for that.”

Mental/Emotional Care

When asked about where residents can get help for emotional or mental issues, participants mentioned several resources. One mentioned seeing signs at WGA (Winslow Guidance Associates) that indicated they address alcohol addiction and domestic violence issues. Several brought up the inpatient mental facility in Lakeside called Pineview Psychiatric Hospital. Often, participants said, people will use the emergency department at one of the hospitals as an urgent care for emotional/mental health problems. If someone is suicidal or in crisis, you call 911, one said. One mentioned that tele-medicine practices may be used for counseling, although none of them had used that resource or knew where to get it.

Some participants were aware of court-ordered counseling to help resolve issues such as addiction. Counseling services have been organized around this practice and some agencies are taking advantage of it by setting up information at the courthouse, as described by this participant:

“A nudge from the judge...The judge says, ‘You gotta do this. You have to dut dut dut [get counseling].’ And [the counseling organization] have a desk outside the courtroom and as [the defendants] are going out, they’re going, ‘Need to sign up?’”

As was the case with medical care, however, there are too few behavioral health providers to meet the community’s need. It’s a problem here and across the whole country, said one. The experiences of these two participants demonstrates the problem:

“There’s a couple of counseling centers here, but, I tried to go once, and I made too much money. And I just threw a tantrum in the office! I really did, ‘cause I didn’t have enough money to go hire a counselor in Flagstaff and I thought, ‘Well I’ll just go here.’ But I couldn’t.”

“I tried to make an appointment too and there were several times they tried to reschedule me. And, you know, I’m like, hypothetically, what if I’m, I’m suicidal! You know -- hello?”

In the end, neither of these participants ended up getting any counseling due to the difficulties in trying to get an appointment. As was the case for medical care, residents can go to Flagstaff or elsewhere outside of the county, but one respondent said when she tried this she found that the Flagstaff provider was booked up for months.

Similar shortages exist for providers who work with children. For children who have experienced adverse childhood traumas, the Family Advocacy Center is available, although few knew about the center and its purpose prior to the group. The schools are apparently not a valuable resource for children who need counseling. According to one participant:

“[School counselors] were more financial advisors than health advisors -- like mental health. So, if you had -- like, if you were depressed or something -- it wasn't really that wise to go to them because they were meant more like what to tell you to do in your future.”

Health Education/Knowledge

While the participants were aware of many healthy foods and healthy practices, they still identified a need (for themselves or others) to learn more about health or related issues. Among the educational topics they mentioned were:

“Every parent wants to do the best for their child. However, if they don't have the tools...they don't have that basic knowledge. They're doing the best they can but it isn't really what parenting is.”

“The education to know *what* to do to be healthy...Unfortunately you don't come with a manual when you're born. Wouldn't that be nice?”

“You mentioned soups with vegetables and things in them are great, inexpensive way to feed a lot of people. But how many people know how to do that?...The educational piece is lacking -- not only in this community but in a lot of communities.”

Second, the participants thought that they and other residents could benefit from a resource that could direct them to other resources. Some cities and towns, they said, have a “3-1-1” service that people can dial and get connected with the services they need. They described it as follows:

“If there was central number people could call and say, ‘These are my needs. Where can I go?’”

“We always had the *Reminder* and the *Scoop* and it came out and told everything this town had and did and what's going on. And we lost that last year. And so, the high school has put together another paper. It's called the *Town Crier*. I think that service helps.”

Other Issues

Several other issues were touched upon briefly in the course of the discussions. Those relevant to the report are the following:

- Infectious diseases were not mentioned frequently, but one participant expressed concern that respiratory syncytial virus (RSV), a disease that can be dangerous to infants, was prevalent in the county.
- Another participant talked about a key maternal and child health issue – lactation. She said that too few babies are breastfed and explained the benefits of breastfeeding and its impact on health.
- Finding good and reliable help for care of the elderly was a concern for one participant, who talked about the inconsistent care his mother was receiving.
- One participant emphasized the need for good dental care and eye care. Dental care is so important to overall health that it should not be overlooked. She said she sees people squinting all of the time because they can't afford new glasses.
- Teaching young children about guns was mentioned as a way to avoid gun accidents.

The Interaction of Issues

The issues presented in this report are grouped by topic area. It is important to point out that participants also mentioned the interconnectedness of various issues. For example, one participant said that poverty was the most pressing problem in the community because poverty means a parent can't find a quality job and therefore, may be working multiple jobs, can't buy healthy (i.e., expensive) foods, and/or can't afford a car. Another pointed out that alcoholism and drugs can contribute to poor parenting as well as crime, such as domestic violence. "If you read the police records, like everything in there is alcohol-related..." said one participant. Another recognized the interplay of different issues even within one individual. She said, "You can't just say 'Eat healthy' and not understand the whole person. They may not have the means or they may not know what 'Eat healthy' means."

Near the end of each discussion, participants were asked to write down their top two or three health concerns. The facilitator read the list of possible concerns from Question 4 in the discussion guide as a prompt. In Appendix D-2 are all of the participants' lists.

Conclusions

Participants in these focus groups shared many ideas about community health status and needs in the community. For each key finding shown below, there is a list of possible strategies to address the issue, all of which were directly or indirectly suggested by the participants themselves. These strategies are initial ideas and could be deleted, shaped, or expanded as the community health planning proceeds.

- Finding: A healthy community is a strong community where members support each other and offer help to those who need it; where people can easily get physical and mental/emotional healthcare; and the environment is clean and pleasant.
 - Possible strategies: Capitalize on the elements currently existing in the community. Examine the missing elements.

- Finding: There is clearly a concern for the health and welfare of children in the community. Of particular note are the following:
 - Children are not being disciplined or supported and as a result are not respectful of others.
 - A reliance on technology (tablets, phones) is causing children to avoid activity and outdoor recreation.
 - Many children are hungry, obese, or both due to overexposure to “junk food.”
 - Possible strategies: Parenting classes; more availability of healthy and tasty food in schools; less availability of unhealthy foods; drug and alcohol rehabilitation for parents and other caregivers; free or low cost recreational activities for kids, e.g., make bicycles available to children and teach them how to repair.
- Finding: Drugs and alcohol are ubiquitous and are associated with addiction, crime, etc. Some families or groups are so entrenched in addiction that it is multi-generational and pervasive. Addiction to prescription drugs is also emerging.
 - Possible strategies: Drug and alcohol addiction programs; methods for reducing prescription drug abuse (e.g., program IHS is using).
- Finding: Residents are knowledgeable of, and committed to, exercising and eating healthy foods. Efforts such as the community gardens contribute to success, while the temptations of easily accessible and inexpensive snack foods sometimes win out.
 - Possible strategies: Expansion of community gardens; education on how to stick to nutrition and exercise programs; education on how to cook healthy foods; better foods in school cafeterias; health coaches or support groups.
- Finding: Medical providers and particularly specialty medical providers (oncologists, pulmonologists, etc.) are in short supply and turnover is high. Some residents are using the hospital emergency department as a primary care provider.
 - Possible strategies: Recruit more providers; explore barriers to recruiting providers; tele-medicine and other part-time provider possibilities; affordable health insurance.
- Finding: There are limited transportation options to get to medical care.
 - Possible strategies: More public transportation; transportation vouchers; publicizing existing transportation methods.
- Finding: Indian Health Service and some other facilities have culturally appropriate services for Native Americans/American Indians.

- Possible strategies: Continue or expand culturally appropriate practices such as traditional healers and language availability; interview residents about cultural needs.
- Finding: The cost of insurance is prohibiting some residents from getting any insurance. A serious illness or trauma (such as cancer or a motor vehicle accident) could bankrupt a family and serious illnesses may be ignored until critical.
 - Possible strategies: Affordable insurance; eligibility for AHCCCS; examining and promoting wellness/disease prevention strategies.
- Finding: There are very few disease prevention/health promotion resources.
 - Possible strategies: Classes – online or in-person; health coaching; nutrition consulting; recipes for healthy foods; lactation specialists to help new mothers.
- Finding: There is a shortage of behavioral health providers. This is especially a concern for suicidal individuals, those in crisis, or those who need court-ordered counseling.
 - Possible strategies: Counselors at schools who can offer emotional counseling; suicide prevention; promote Childhood Advocacy Center and other available resources; recruit more behavioral health providers; examine barriers to recruiting more behavioral health providers.
- Finding: There is a need for one phone number or other resource for finding services.
 - Possible strategies: 3-1-1 phone number that can refer people to services; directory of services.

Meetings with Elected Officials - Results

The following summarizes one-on-one sessions held with Navajo County leadership. See the Introduction and Method sections for more details.

Respondents were very interested in health in the community and appreciated the work that the Navajo County Public Health Services District (NCPHSD) and their partners are putting into the assessment. They are very excited about having a multi-organizational assessment that can be used in a coordinated effort to address the issues in our community. While each has a different orientation toward addressing community problems, both are committed to reviewing the results to see how they can be applied.

Both were very interested in the survey results and other data and want to be included more with the NCPHSD moving forward. Both offered to help with the assessment and said they would be willing to help, for example, distributing the survey to the public.

The following summarizes their answers to the discussion questions.

1. On a scale of 1 to 10, how do you rate the quality of life in Navajo County?

One of the respondents rated the quality of life as eight out of ten and the other respondent selected five.

- The positives associated with the quality of life are natural beauty, diversity, community pride, caring, and people choosing to live here.
- Some aspects that make the quality of life less appealing are limited education opportunities, isolation, social economical divides, and access to care. The respondents also mentioned that communities within the county can be “in silos” or disconnected from each other.

2. In your opinion, what are the public health issues/concerns/problems in Navajo County?

Respondents mentioned two broad areas as concerns:

- First, there are not enough resources for behavior health, drug abuse, education, support, and treatment services.
- Second, there is a lack of awareness and a lack of education about public health problems. There is a sense among the public that the problems are “not in *my* community,” even when they may actually be there.

3. How would you rank Navajo County for overall public health in Arizona?

One respondent ranked Navajo County as #10 and the other ranked it at #11.

4. What would help improve the health of Navajo County?

Respondents suggested three ways to improve the health of Navajo County:

- Additional behavioral health treatment options
- Public awareness and education on priority health issues
- Address the most important/highest priority health issues

5. What are two of your identified public health issues, you wish the public had a better understanding of?

Respondents gave the following suggestions:

- A better understanding of what NCPHSD does
- More education options on controversial topics
- Promote what is good, not just the bad (problems)
- More public education on public health issues

6. What would you like to see as priorities for the Navajo County Public Health Services District?

Both respondents deferred to results of the assessment and will support the Chief Health Officer and the other public health professionals in the direction they feel will effect positive change in our communities.

7. What types of strategies/campaigns would you like to see from the Navajo County Public Health Services District to address these priorities?

Both agreed that this is difficult to say because not one strategy or campaign is going to work across the county. It might look different for different communities, sometimes with the same goal in mind.

Once we have the health assessment completed and it has identified the true needs of the communities both are in support of meeting again to brainstorm ideas on possible goals and strategies. They understand that some conversations about public health issues may be uncomfortable for members of the public as it may involve controversial risk behaviors, such a drug abuse, sexual behavior, etc. However, both are willing to support these conversations as well as all of the NCPHSD efforts and offered to help.

8. Are there any particular data sources you want included in the assessment?

Neither of the respondents provided a specific data source they wanted included in the assessment. Both are aware that a wide range of sources will be used.

9. What have you learned today?

Both respondents said they knew there was a sexually-transmitted disease (STD) issue in the community, but neither had seen the actual numbers prior to the meeting.

10. Would you change your initial ranking of quality of life in Navajo County? If so why?

Neither would change their rating, but they acknowledged that there are tough challenges, and are look forward to moving forward as a team.

Appendix D-1: Facilitator's Discussion Guide

What is the purpose of this group?

- ☐ I'm working with a group of organizations to make a community health assessment
 - Summit Healthcare,
 - Navajo County Public Health Services District,
 - ChangePoint Integrated Health,
 - Northland Pioneer College,
 - Northeastern Arizona Innovative Workforce Solution, and
 - North Country Health Care.
- ☐ Health needs and concerns of people in Navajo County,
- ☐ Our goal is to improve health and asking people directly what they think and have experienced
- ☐ We will use your ideas to help make a plan for health improvement for the county - available online after December 2018.

Facilitator's Introduction

- ☐ Thank you!
- ☐ I'm facilitator hired by partners to facilitate discussion
- ☐ Staff and roles – facilitator, recorder, etc.
- ☐ Expected length of time - 2 hours
- ☐ Voluntary participation
- ☐ Session will be audio-taped, your name NEVER used, will be destroyed when report done.
- ☐ Issues of confidentiality and protection of information – what's said in focus group stays in focus group, only anonymous quotes
- ☐ We do ask that we all keep each other's identities, participation and remarks private. We hope you'll feel free to speak openly and honestly.
- ☐ Ground Rules
 1. Please turn off cell phones
 2. Input from everyone – all perspective valuable
 3. Please avoid side conversations or talk while someone else is – we all want to hear!
 4. We don't need to call on you, just informal
 5. Ask if don't understand a question
 6. I may ask specifically for your opinion or have to change topics – doesn't mean I don't want to hear from you.
- ☐ Any questions before we start?

DISCUSSION TOPICS

Ice-breaker/ Introductions

- Talk to person next to you and share...
 - His/her name
 - Family and community connections
 - His/her/your team's definition of "healthy community"
1. One of the things we are wondering is about your quality of life – in other words, how healthy you FEEL from day to day. In general, how would you rate your health? (if need be, use 0-10 scale, 10 being you feel great every single day, 0 being you feel unhealthy every single day)
 - a. Do you feel like you are affected more by physical or mental health problems?
 - b. Has how healthy you feel changed over the course of your life?
 - c. How important is it to you to feel healthy?
 - d. What are the impacts of not feeling healthy on your family? Community?
 2. Do you feel your children are likely to be more healthy than you, less healthy than you, or the same? Why?
 3. Sometimes the neighborhood / area people live in can help them to be healthy or prevent them from being healthy.
 - a. What are the things around where you live that help you to be healthy?
 - b. What are the things around where you live that make it harder to be healthy?
 - c. PROMPTS:
 - Access to healthy foods
 - Access to places for physical activity
 - Cultural/language issues
 - Safety
 - Access to doctor's office, types of doctors, insurance, etc.
 - Exposure to alcohol/tobacco/vaping/drugs
 - Housing
 4. What are health problems or concerns in your community? See what comes up. Tell me more about what that is and how it's a problem, why is it important? how that affects you, your family, the community...

Prompts only if not mentioned:

 - a. Child abuse
 - b. Children with special needs
 - c. Chronic diseases – diabetes, heart disease
 - d. Day care for elderly children, etc.
 - e. Dental/oral health

- f. Healthcare – specialists, hard to get? Insurance or co-pays too expensive?
- g. Infectious diseases
- h. Mental/emotional health
- i. MV accidents
- j. Racism
- k. Obesity, lack of exercise
 - o What does the word obesity mean to you? Why would this be considered a problem in (county)?
 - o What is a healthy weight? Verbalize healthy criteria
- l. Poverty, homeless
- m. Prenatal care
- n. STIs, teen pregnancy
- o. Substance abuse – alcohol, legal or Illegal drugs
 - o What do you know about alcohol use in (county)? What do you know about drug use in (county)? What do you read about it or hear about it? How do you know about it (dui accidents, etc.?)
 - o What is the threshold between responsible alcohol use into irresponsible use (of both alcohol and drugs)
 - o Is drug-use a problem?
 - o Legal vs. illegal – people just using too much prescription medications?
 - o Self-medication vs. drug abuse
 - o How easy is it to get illegal drugs in Navajo County? (emphasize again that answers are confidential)
- p. Tobacco use
- q. Transportation
- r. Violent crime

5. What other health issues are important that we haven't discussed?

6. What resources (e.g., agencies, institutions, programs) do we have in the community that seem to be working to address these issues? In other words, what has worked for you, your family or someone you know?

- a. Did you get the help you need? Why or why not?
- b. If you can't find services, where do you get help?
- c. What are the consequences of not being able to get help?

- ☐ Hospitals or clinics?
- ☐ Urgent Care, doc's offices, hospital
- ☐ What do you think urgent care means? What are urgent care services to you?
- ☐ What situations do you consider urgent? What do you do, where do you go in those situations (wait as long as I can, go to Charlottesville, go somewhere else, etc.)?
- ☐ Are there any alternatives? If so what are they?
- ☐ How useful and/or effective are these substitutes?
- ☐ Mental Health?
- ☐ What does mental health mean to you?

☐ If you need help, do you know where to go?

7. One of the things that makes it hard for some people to be healthy is that they can't get medical care when they need it. Has there been a time when you needed medical care but didn't get it?

- a. Did having insurance, no insurance, Medicaid at the time make a difference?
- b. Do you have a regular doctor now – the same person?
- c. Are you able to get the preventive services that you need, like yearly physicals, well-child visits, etc?

☐ Barriers

☐ How do most people get to their appointments?

☐ Transportation

☐ What transportation is available for those who do not have cars? Does it work well?

☐ What other resources would you suggest that aren't currently available? In other words, what are some solutions to these problems?

☐ Cost/Insurance

☐ What trouble do you have with regards to cost?

☐ Before we move to the next topic, are there other reasons we have not mentioned that may keep people from getting the health services they need?

8. What other resources or solutions would you suggest that aren't currently available? In other words, what are some solutions to these problems?

What changes do you think would help the community become healthier?

9. What information, data do you want us to look at for our report?

10. Is there anything further anyone would like to add about any of the issues we've already discussed, that you feel you've not had a chance to say?

Closing

☐ Thanks to all of you for participating!

☐ If there is something you forgot to tell me, I'll stay for a few minutes and you let me know.

☐ Confirm when and how participants will receive a summary of the focus group findings

☐ Does anyone need help getting to car or transportation?

Appendix D-2: Participants Notes on Biggest Health Issues

As a way to start discussion, the facilitator asked participants to write down what they thought were the biggest health issues or problems in the community. The issues were discussed as a group and the papers were collected at the end of the discussion. Each number below represents one participant's notes. Please note that a few participants did not hand in a written sheet.

Winslow

1. Health services (hospital), nutrition (junk food @ schools, events), obesity
2. Lack of services, lack of health education/information, poverty.
3. Mental health/addiction, domestic violence
4. Alcoholism, mental/emotional health
5. Overweight/diabetes, bad eating habits – kids having polar pop and chips – leads to obesity and diabetes
6. Lack of information about services, lack of \$ for care, lack of availability to healthcare specialists, lack of exercise, domestic violence highest in the country

Show Low

1. Substance abuse, lack of consistent support/encouragement/discipline
2. Too few babies are breastfed – community support, education, medical billing, Insurance is too expensive
3. Poverty, chronic health issues and cost of healthcare
4. Pain management, mental health, strong family values
5. Obesity, parents not involved, drug abuse – legal, generations involved, education follow through – in family setting unit, hunger
6. Child abuse, chronic disease → food, diet, exercise, hygiene, insurance, behavioral health → respect, discipline, transmitted diseases, substance abuse → mental, opioids, illegal drugs, poverty, parental control
7. Dental, nutrition dental, most parents what to do the best for their child – time (working), education, “CDV,” abuse elder child, access to medical care <DPHP> [sic] affordable, holistic prevention support, clinic – sliding scale
8. DM – RSV health issues, bullying – social issues – economic, stable home life, latch key.
9. Drugs, obesity, not enough parental control, grand/parents – become enablers – “friend instead of “parent,” children, call cops if they didn’t like what I was doing, tough love, parents went to groups to ask for help, 80s, getting the info out – training
10. ADA coordinator health community, playground, gun [indecipherable], need child help, health center, community health part, child [indecipherable] need their county set the self-advocacy, [indecipherable]